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NORTHERN ALBERTA FAMILY VIOLENCE RESEARCH PROJECT

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TABLE OF CONTENTS

Page

Introduction 1
Background 1
Limitations 3
Methodology 3
Analysis 6
  A. Agency Survey 6
    1. Characteristics of Victims and Offenders 7
    2. Characteristics of Violence 11
    3. Action Taken by Agencies 19
  B. Victim Survey 30
  C. Key Agents Survey 31
Conclusion 39

Appendices

Appendix A: Key Definitions 41
Appendix B: Agency Questionnaire 44
Appendix C: Victim Interview Form 78
Appendix D: Key Agents Survey 100
Appendix E: Community Coordinating Committee Members 119
Appendix F: Advisory Committee Members 122
Appendix G: Committee Members' Comments 123
Appendix H: Terms of Reference 125
Appendix I: Whitecourt Community Analysis 130

I. INTRODUCTION

On February 20, 1987, the Federal Government, represented by Supply and Services, on behalf of the Solicitor General Canada and the Government of Alberta, represented by Alberta Family and Social Services, signed a Memorandum of Agreement to jointly undertake a study of family violence in northern Alberta. Of primary concern in this study was the determination of response levels by government and community agencies to issues of family violence in rural and isolated communities in northern Alberta. It was assumed that information on the full scope of the problem and the nature of response by community agencies were the first steps toward an integrated inter-agency community approach to dealing with family violence matters and designing effective preventative strategies.

It was intended that the project would have a broad, wide-ranging structure of analysis incorporating an overview of the field of family violence within an economic, social and legal context. This was to include examination of levels of spousal abuse, child physical abuse and neglect, child sexual abuse, elder abuse and dating violence in conjunction with the level of services available, combined with the response system of all agencies involved with family violence issues. The Northern Alberta Family Violence Research Project was developed as an open-scope analysis which evolved over time attempting to respond directly to community priorities and issues.

II. BACKGROUND

The project rationale is based on a recognition that an integrated inter-agency approach within a community is needed to deal effectively with the problems of family violence. Three communities in Northern Alberta were selected for participation in the project: Whitecourt, Athabasca (Town/Calling Lake), and the Alexis Indian Reserve. Each community established a community coordinating committee (Appendix E) comprised of personnel from key agencies directly involved in service delivery related to family violence in each respective area. Committees were established in early 1985 prior to the start of the study in both Whitecourt and the Alexis Indian Reserve, whereas the Athabasca committee was established in 1986, somewhat later due to their delayed incorporation into the study. Committee members were comprised of police, social service workers, community health nurses, mental health clinicians, educators, Family and Community Services representatives and concerned lay participants.

Initial directions for each community were discussed and developed, as well as a structural design for the information gathering process, hiring of a principal researcher and definition of scope, limitations and specific objectives. Committees worked with the researcher to outline current resources in their respective communities which address issues of family violence, determine what the current procedures are in such circumstances as well as the effectiveness of these approaches and gauge their own community's attitude and reception to any new prevention or intervention strategies recommended for their areas. In addition, an advisory committee (Appendix F) made up of senior management personnel from a variety of government agencies was established. The purpose of this committee was to ensure the smooth operation of the project through promotion and consultation within their own departments. This committee was also involved in the overall direction of the research project with a view to future policy decisions within provincial government departments involved in family violence service delivery.

A number of problems were experienced during the planning, data collection and analysis stages which served to delay the progress of the study. For instance, the project administration was made more complicated by the transfer of funds and ownership between governments and departments. As well, in 1987 Peace River (originally intended to be included in the study) committee members chose to withdraw from the study due to concerns regarding the development of the study, and another community (Athabasca) had to be chosen. Over the period of the study, most of the original committee members and the contact from Federal Solicitor General's Department left and others had to be brought on stream. The computer software package used for storing and generating statistical data was problematic from the outset. When the extent and magnitude of the difficulties became apparent, a decision was made to hire an independent consulting company in Ottawa to re-write the program to make it more amenable to the goals and objectives of the project. Concurrently, a decision to revise the Agency Form, to reduce some limitations and allow for more efficient and extensive data collection, was made. Both a new form and a new computer program made some backtracking necessary. All Agency Forms entered on the computer to that point (a total of 489) had to be re-coded and re-entered into the computer. Finally, both the principle researcher and the assistant, who later became the principle researcher, left the project suddenly at a critical stage, which necessitated a third person reviewing the study from inception to completion in order to conduct an analysis and provide a report.

Throughout the majority of the study, a Research Officer from the Police and Security Branch of the Solicitor General, Canada acted as technical advisor. The project director, on the provincial level, was the Director of the Office for the Prevention of Family Violence. There were several researchers involved over the 36 month study. After the study was completed and the data had been collected, Quality Assurance Programs of Alberta Family and Social Services was asked to conduct the analysis and provide a report, based on only reliable and valid information, ensuring that all limitations to the data would be identified and interpretations would not be made in a misleading manner.

III. LIMITATIONS

As the study was conducted over a two year time period by three researchers successively, some continuity was lost. As well, a lack of opportunity for collaboration among the researchers and between the researchers and writer served to cause some disparity between the original intent of the study and the final results. For example, discussions were held with the local committees regarding the scope of the problem, suggestions about possible solutions, the adequacy of changes made and how further improvements could be made. Interim reports were produced which contained an outline of these discussions but the data that was finally collected was not adequate to substantiate the direction suggested there.

The objectives in terms of reference for the study lacked preciseness and measurability, which, in retrospect, may have contributed to the development of a somewhat ambitious project scope.

Finally, the study did not have a large enough study population to be able to indicate any valid trends in victim-offender activities or service to an outside population or the general public. All generalizations based on the data must be limited to the three communities which participated in the study. For the same reason, it would be misleading to isolate and analyze the data by community for anything more than interest's sake.

However, because the Whitecourt Coordinating Committee members indicated interest in a more detailed analysis of the study as it pertained to their community alone, and they provided the majority of the data for the study, a supplement to this report with a Whitecourt-specific analysis was agreed to. The supplemental report is shown as Appendix I for Whitecourt Coordinating Committee members. It is understood by the Committee that as a tool for planning future programs or changes to programs, it should be used only in conjunction with other supporting data or as an indication of areas requiring further study.

IV. METHODOLOGY

As a result of the broad range of objectives outlined in the study, it was necessary to incorporate three separate research designs. The initial stage of the study involved the reporting of incidents of family violence cases as they came to the attention of those agencies participating in the study, in the form of an agency questionnaire. The second stage involved direct interviews between the researcher and the victims of family violence who were referred through the first stage. The final stage incorporated an overview of agency workers and their perceptions of the effectiveness of their own respective agencies, as well as other agencies.

The final study design was a result of input from all community committees, the advisory committee, Solicitor General Canada, the project director, the researcher and an independent consulting firm assigned to the development of the key agent survey.

Stage I: The Agency Questionnaire

The objective of the agency questionnaire was to develop an overview of family violence cases in each participating community and their agency(s) response. The researcher, together with each community's coordinating committee, developed an initial interview questionnaire which evolved into the present agency questionnaire (Appendix B). Upon clarification of the parameters of the information to be gathered, as well as a definition of terms used (Appendix A), agency personnel gathered data with this instrument over a period of 26 months. The information obtained provides an outline of each reported incident of family violence for each agency. This included information about the nature and type of abuse involved, background characteristics of the individuals and families, a description of what allegedly occurred, and each agency's response to the report of violence. Names of victims and offenders were provided to the researcher to track individuals through the system and to allow subsequent contact with those individuals for completion of the second phase of the study. Each incident required an agency form to be completed, as well as separate forms for those incidents involving multiple victims and/or offenders. An example of this would be if Family and Social Services was contacted with an incident of child abuse involving three children within one family unit; in this case the agency worker completing the form would be asked to complete one form for each of the three victims involved in that single incident.

The data for Stage I was collected by agency workers participating in the study, and subsequently was normally forwarded to the researcher on a bi-weekly or monthly basis.

The agency form was intended to be completed by the front-line staff within each agency on all incidents of family violence that came to their attention; however, this was not consistent in application. The form included demographic data, information about the alleged event and the agency's response.

Stage II: The Victim Interview Form

Data collected through the agency questionnaire in Stage I was used to determine which individuals would be contacted for interviews in this phase. The focus of this group was narrowed to only those who were adult victims of spousal abuse. The initial design explored the possibility of interviewing victims of child abuse, however due to their status as minors, this was rejected. Consideration was also given to interviewing adult offenders of wife or child abuse but was not pursued to avoid prejudicing matters which may be before the courts.

The interview instrument (Appendix C) was designed to review the original incident in greater detail, as well as provide an avenue for the victim to express her perceptions, based on her own experiences, about her community's current response to family violence and how it might be improved. This form also included a more detailed demographic background of both the alleged victim and offender, as well as an exploration of some additional psychological and emotional issues.

Based on the information collected via the agency questionnaire, eligible candidates were listed to be contacted for the interview process. Due to technical problems with the computer program, interviewing of victims did not commence until the seventeenth month of data collection for the study. Lists of possible candidates were forwarded to the originating agency, where one agency worker was selected to review the names and contact as many victims as possible. Initial contact was therefore made by the agency themselves to avoid any concerns regarding confidentiality on the part of the victim. Once this initial contact was made, the researcher was informed of those victims who had agreed to be interviewed. Agency workers were instructed regarding the manner in which they were to approach the victims, to ensure that the victims consenting to participate were fully aware of the content and purpose of the interview and study. The second phase of contact was made directly by research staff in order to arrange for the date, time, place and type of interview format. Interviews were conducted over an eight month period by two interviewers. The interviews ranged in length from fifty to ninety minutes and were conducted either in person or by telephone as requested by the interviewee.

Stage III: The Key Agent Survey

The intent of the survey design was to gather information from "key agents" regarding their education, training and experience, their opinions regarding the inter-relationships of agencies, their own agencies' policies and practices, and their perceptions of service delivery needs in the future. The key agents included professional, para-professional and front-line staff at each participating agency, both paid employees and volunteers.

Research staff distributed questionnaires (Appendix D) directly to agency personnel who were also committee members. These workers were briefed on the content and made familiar with the instrument. They, in turn, supervised the distribution of the surveys among their personnel, along with an introduction and instructions for completion. Agency personnel were allotted approximately three weeks in which to complete the survey.

V. ANALYSIS

A total of 616 agency forms were submitted throughout the twenty-six months of data collection. The breakdown by community is: Whitecourt 391 (64%), Alexis 129 (21%), and Athabasca/Calling Lake 95 (15%)[1]. Complete victim interviews totalled 18 for both Whitecourt and Athabasca; no interviews were conducted in Alexis. A total of 60 key agent surveys submitted by workers in the communities were included in the study.

A: Agency Survey

The social agencies participating in this study were asked to complete a form on each new incident of family violence reported to their agency. This was to be done for all disputes or violent incidents that involved members of the same family, including child abuse/neglect, disputes or allegations of violence between spouses, any abuse or neglect of parents by children or incidents between children of the same family.

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[1] All information presented for Athabasca includes Calling Lake unless otherwise indicated.

1. Characteristics of Victims and Offenders

Of the reported cases of violence, 82.4% of the victims were female and 17.6% were male. When examined by community, this distribution continued to hold true as Whitecourt victims were 15.3% male and 84.4% female and Athabasca's were 16.8% male and 83.2% female. Alexis, however, had a somewhat higher occurrence of abuse against males at 24.8% and 75.2% for females.

Table 1 shows the relationship of the victim to the offender for each community. Alexis' higher male abuse is attributed to the approximately doubled rate of abuse against sons as compared to Whitecourt and Athabasca. Overall, Alexis reports a significantly higher rate of abuse of sons and daughters (53.5% of all abuse cases) than Whitecourt (24.5%) or Athabasca (15.8%). On the other hand, compared to abuse of other family members, wife abuse is most prevalent in Athabasca (63.2%) and Whitecourt (57.5%) in contrast to Alexis (20.9%). If one considers abuse against a mother, father, mother-in-law or father-in-law, Athabasca ranks the highest in occurrence at 7.5% compared to Whitecourt at 2.1% and Alexis at 1.6%.

Table 1
VICTIM'S RELATIONSHIP TO OFFENDER

	Total of Communities		Alexis		Whitecourt		Athabasca	
	N	(%)	N	(%)	N	(%)	N	(%)
Wife	312	(50.7)	27	(20.9)	225	(57.5)	60	(63.2)
Daughter	114	(18.5)	45	(34.9)	63	(16.1)	6	(6.3)
Son	66	(10.7)	24	(18.6)	33	(8.4)	9	(9.5)
Sister	19	(3.1)	3	(2.3)	13	(3.3)	3	(3.2)
Female cousin	18	(2.9)	11	(8.5)	6	(1.5)	1	(1.1)
Husband	12	(2.0)	1	(0.8)	10	(2.6)	1	(1.1)
Father	8	(1.3)	1	(0.8)	4	(1.0)	3	(3.2)
Niece	7	(1.1)	3	(2.3)	4	(1.0)	-	—
Mother	6	(1.0)	1	(0.8)	2	(0.5)	3	(3.2)
Nephew	4	(0.7)	2	(1.6)	2	(0.5)	-	—
Sister-in-law	4	(0.7)	-	—	2	(0.5)	2	(2.1)
Aunt	3	(0.5)	3	(2.3)	-	—	-	—
Brother	3	(0.5)	-	—	3	(0.8)	-	—
Brother-in-law	3	(0.5)	1	(0.8)	-	—	2	(2.1)
Mother-in-law	2	(0.3)	-	—	1	(0.3)	1	(1.1)
Male cousin	2	(0.3)	-	—	1	(0.3)	1	(1.1)
Uncle	1	(0.2)	1	(0.8)	-	—	-	—
Father-in-law	1	(0.2)	-	—	1	(0.3)	-	—
Other/unknown	30	(4.9)	6	(4.7)	21	(5.4)	3	(3.2)

A comparison of victim's ages supports the previous findings. In Alexis the majority of victims are very young, under ten years of age. Whitecourt victims are somewhat more spread out in age with a majority in the older teen-younger adult age groups. However, elder abuse appears more prevalent in this community. Victims in Athabasca tend to be even more spread out, negating age of victim as a predicting variable here.

Table 2
AGE GROUP OF VICTIM AT THE TIME OF INCIDENT

	Total of Communities		Alexis		Whitecourt		Athabasca	
	N	(%)	N	(%)	N	(%)	N	(%)
0 - 4	65	(10.6)	35	(27.1)	26	(6.6)	4	(4.2)
5 - 9	67	(10.9)	36	(27.9)	30	(7.7)	1	(1.1)
10 - 14	52	(8.5)	11	(8.5)	35	(9.0)	6	(6.3)
15 - 19	73	(11.9)	11	(8.5)	50	(12.8)	12	(12.6)
20 - 24	96	(15.6)	14	(10.9)	64	(16.4)	18	(18.9)
25 - 29	98	(15.9)	4	(3.1)	80	(20.5)	14	(14.7)
30 - 34	52	(8.5)	4	(3.1)	36	(9.2)	12	(12.6)
35 - 39	37	(6.0)	7	(5.4)	22	(5.6)	8	(8.4)
40 - 44	30	(4.9)	1	(0.8)	17	(4.3)	12	(12.6)
45 - 49	12	(2.0)	2	(1.6)	9	(2.3)	1	(1.1)
50 - 54	6	(1.0)	-	—	2	(0.5)	4	(4.2)
55 - 59	3	(0.5)	-	—	2	(0.5)	1	(1.1)
60 - 64	6	(1.0)	-	—	5	(1.3)	1	(1.1)
65 - 69	3	(0.5)	-	—	2	(0.5)	1	(1.1)
70 - 74	-	—	-	—	-	—	-	—
75 - 79	1	(0.2)	1	(0.8)	-	—	-	—
80 - 84	2	(0.3)	2	(1.6)	-	—	-	—
85 - 89	-	—	-	—	-	—	-	—
90 - 94	1	(0.2)	-	—	1	(0.3)	-	—
95 +	11	(1.8)	1	(0.8)	10	(2.6)	-	—

Alexis had the highest percentage of young offenders (under the age of twenty) at 13.2% of all offenders compared to 7.4% and 6.1% in Athabasca and Whitecourt respectively (Table 3). In all three communities, the majority of offenders were twenty-five to thirty-four years of age and the number of offenders then dropped off considerably at the forty-five to forty-nine year age group.

Table 3
AGE GROUP OF OFFENDER AT TIME OF INCIDENT

	Total of Communities		Alexis		Whitecourt		Athabasca	
	N	(%)	N	(%)	N	(%)	N	(%)
5 - 9	-	—	-	—	-	—	-	—
10 - 14	8	(1.3)	3	(2.3)	4	(1.0)	1	(1.1)
15 - 19	40	(6.5)	14	(10.9)	20	(5.1)	6	(6.3)
20 - 24	86	(14.0)	16	(12.4)	57	(14.6)	13	(13.7)
25 - 29	128	(20.8)	30	(23.3)	83	(21.2)	15	(15.8)
30 - 34	102	(16.6)	22	(17.1)	62	(15.9)	18	(18.9)
35 - 39	82	(13.3)	24	(18.6)	44	(11.3)	14	(14.7)
40 - 44	56	(9.1)	9	(7.0)	33	(8.4)	14	(14.7)
45 - 49	23	(3.7)	-	—	15	(3.8)	8	(8.4)
50 - 54	15	(2.4)	2	(1.6)	10	(2.6)	3	(3.2)
55 - 59	10	(1.6)	2	(1.6)	7	(1.8)	1	(1.1)
60 - 64	1	(0.2)	-	—	-	—	1	(1.1)
65 - 69	1	(0.2)	-	—	1	(0.3)	-	—
70 - 74	1	(0.2)	-	—	1	(0.3)	-	—
75 - 79	1	(0.2)	-	—	1	(0.3)	-	—
80 - 84	1	(0.2)	-	—	1	(0.3)	-	—
Unknown	60	(9.8)	7	(5.4)	52	(13.3)	1	(1.1)

The victims were asked their race and the offender's race in order to determine if the rate of violence in the community for that race differed significantly from the proportion of the population in the community as a whole represented by that race. However, an accurate breakdown of race by community was not possible beyond Caucasian versus Native Indian. Based on this information, it is obvious that Native Indian victims and offenders are over represented in Whitecourt which is approximately 82% Caucasian and 5% Native Indian; only 69% of the victims were Caucasian and almost 21% were Native Indian, 73% of the offenders were Caucasian and just over 12% were Native Indian. Alexis' population is almost completely Native Indian therefore it is not surprising that almost all the victims and offenders were the same. Race population statistics for Athabasca and Calling Lake were not available for comparison although it was found that in the two areas combined just over 44% of the abused were Caucasian compared to almost 34% Native Indian and 19% Metis; the offenders were almost 39% Caucasian, nearly 31% Native Indian and 21% Metis.

2. Characteristics of Violence

For the 332 cases of spousal abuse, marital status of the couple at the time of the incident was examined (Table 4) in each community. Couples living common-law had the highest incidence of abuse in all three communities. Married couples in Whitecourt and Athabasca and separated couples previously living common-law in Alexis experienced the next highest rate of spousal abuse. However, Alexis probably has a higher rate of common-law unions; Statistics Canada figures for 1986 state the total number of married people in Alexis as only approximately 41% compared to Whitecourt and Athabasca at around 81% and 74% respectively.

Table 4
MARITAL STATUS AND RATE OF SPOUSAL ABUSE

	Total of Communities		Alexis		Whitecourt		Athabasca	
	N	(%)	N	(%)	N	(%)	N	(%)
Single-never married/not co-habitating	1	(0.3)	-	(—)	1	(0.4)	-	(---)
Married	116	(34.9)	3	(11.1)	88	(36.4)	25	(39.7)
Common-law	168	(50.6)	18	(66.7)	118	(48.8)	32	(50.8)
Separated-previously married	18	(5.4)	1	(3.7)	14	(5.8)	3	(4.8)
Separated-previously common-law	22	(6.6)	4	(14.8)	15	(6.2)	3	(4.8)
Divorced	3	(0.9)	-	(—)	3	(1.2)	-	(---)
Other/unknown	4	(1.2)	1	(3.7)	3	(1.2)	-	(---)

Table 5 presents a detailed description of the main type of incident that occurred by the main nature of the incident for each community. This table may be examined in several ways. Reading downwards will provide the specific nature of abuse within each type of abuse for each community, and the total of communities. For example, a total of 87 child abuse cases were reported in Alexis; of those, 20 were cases of sexual abuse, 10 were cases of physical abuse, 5 were emotional/psychological abuse, and 52 were neglect. Reading across the table shows there were a total of 60 cases of sexual abuse in the three communities where the type of incident was child abuse. If one wants to look at sexual abuse, regardless of whether it is occurring to a child, spouse, elder, etc., then sexual abuse under each category must be added together. For example, there were 60 cases reported under Child Abuse, plus 1 under Spouse

Abuse, plus 2 under Other, for a total of 63 cases of sexual abuse. An examination of this nature shows 270 of the 615 cases reported were physical abuse (43.9%); 111 cases (18.0%) were emotional or psychological abuse; 77 (12.5%) were neglect; 63 (10.2%) were sexual abuse; threats of assault, injury or personal harm accounted for 53 cases (8.6%); and financial exploitation, breach of the peace or a restraining order, damage or theft of property accounted for 6 (1.0%), 5(0.8%) and 5 (0.8%) of the cases respectively. Homicide/death was reported only once (0.2%); the final 24 cases fell under the category "Other" (3.9%).

Spousal abuse is separated into female victim (66.6%), male victim (1.2%) and general inter-spousal dispute in which the offender and victim cannot be clearly differentiated (32.2%). When the victim was clearly the female, the abuse was mainly of a physical nature in all communities, as well, the four male victims were physically abused. However, when the conflict was of a general inter-spousal nature, the main type of abuse was emotional/psychological (except in Alexis where the distribution was even).

Table 5
TYPE OF ABUSE - NATURE OF INCIDENT

	Alexis		Whitecourt		Athabasca		Total	
	N	(%)	N	(%)	N	(%)	N	(%)
CHILD ABUSE								
Sexual abuse	20	(23.0)	37	(35.2)	3	(21.4)	60	(29.1)
Physical abuse	10	(11.5)	36	(34.3)	6	(42.9)	52	(25.2)
Threatened with assault/injury/personal harm	-	—	5	(4.8)	-	—	5	(2.4)
Emotional/psychological abuse	5	(5.7)	6	(5.7)	3	(21.4)	14	(6.8)
Neglect	52	(59.8)	20	(19.0)	2	(14.3)	74	(35.9)
Breach of court	-	—	1	(1.0)	-	—	1	(0.5)
TOTAL	87	(100.0) (42.2)	105	(100.0) (51.0)	14	(100.0) (6.8)	206	(100.0) (100.0)
SPOUSE ABUSE (FEMALE VICTIM)								
Sexual abuse	-	—	1	(0.7)	-	—	1	(0.5)
Physical abuse	18	(78.3)	103	(69.1)	36	(73.5)	157	(71.0)
Threatened with assault/injury/personal harm	1	(4.3)	16	(10.7)	9	(18.4)	26	(11.8)
Emotional/psychological abuse	3	(13.0)	28	(18.8)	4	(8.2)	35	(15.8)
Breach of court	-	—	1	(0.7)	-	—	1	(0.5)
Damage or theft	1	(4.3)	-	—	-	—	1	(0.5)
TOTAL	23	(100.0) (10.4)	149	(100.0) (67.4)	49	(100.0) (22.2)	221	(100.0) (100.0)
SPOUSE ABUSE (MALE VICTIM)								
Physical abuse	1	(100.0)	3	(100.0)	-	—	4	(100.0)
TOTAL	1	(100.0) (25.0)	3	(100.0) (75.0)	-	(100.0) —	4	(100.0) (100.0)
GENERAL INTERSPOUSAL DISPUTE/CONFLICT								
Physical abuse	1	(33.3)	15	(16.7)	3	(21.4)	19	(17.8)
Threatened with assault/injury/personal harm	1	(33.3)	12	(13.3)	1	(7.1)	14	(13.1)
Emotional/psychological abuse	1	(33.3)	40	(44.4)	9	(64.3)	50	(46.7)
Financial exploitation abuse	-	—	5	(5.6)	1	(7.1)	6	(5.6)
Neglect	-	—	1	(1.1)	-	—	1	(0.9)
Breach of court	-	—	3	(3.3)	-	—	3	(2.8)
Damage or theft	-	—	4	(4.4)	-	—	4	(3.7)
Unknown	-	—	2	(2.2)	-	—	2	(1.9)
Other	-	—	8	(8.9)	-	—	8	(7.5)
TOTAL	3	(100.0) (2.8)	90	(100.0) (84.1)	14	(100.0) (13.1)	107	(100.0) (100.0)

Table 5
TYPE OF ABUSE - NATURE OF INCIDENT

	Alexis		Whitecourt		Athabasca		Total	
	N	(%)	N	(%)	N	(%)	N	(%)
ABUSE OF PARENT								
Physical abuse	-	—	2	(100.0)	2	(100.0)	4	(100.0)
TOTAL	-	—	2	(100.0) (50.0)	2	(100.0) (50.0)	4	(100.0) (100.0)
CONFLICT BETWEEN CHILDREN OF SAME FAMILY								
Physical abuse	3	(100.0	8	(89.9)	3	(100.0)	14	(93.3)
Emotional/psychological abuse	-	—	1	(11.1)	-	—	1	(6.7)
TOTAL	3	(100.0) (20.0)	9	(100.0) (60.0)	3	(100.0) (20.0)	15	(100.0) (100.0)
GENERAL PARENT-CHILD DISPUTE/CONFLICT								
Homicide/death	-	—	1	(5.3)	-	—	1	(3.0)
Physical abuse	1	(16.7)	-	—	-	—	1	(3.0)
Threatened with assault/injury/personal harm	1	(16.7)	1	(5.3)	4	(50.0)	6	(18.2)
Emotional/psychological abuse	4	(66.7)	5	(26.3)	1	(12.5)	10	(30.3)
Neglect	-	—	1	(5.3)	-	—	1	(3.0)
Other	-	—	11	(57.9)	3	(37.5)	14	(42.4)
TOTAL	6	(100.0) (18.2)	19	(100.0) (57.6)	8	(100.0) (24.2)	33	(100.0) (100.0)
OTHER								
Sexual abuse	-	—	1	(7.1)	1	(20.0)	2	(8.0)
Physical abuse	5	(83.3)	9	(64.3)	4	(80.0)	18	(72.0)
Threatened with assault/injury/personal harm	-	—	1	(7.1)	-	—	1	(4.0)
Emotional/psychological abuse	-	—	1	(7.1)	-	—	1	(4.0)
Neglect	1	(16.7)	-	—	-	—	1	(4.0)
Other	-	—	2	(14.3)	-	—	2	(8.0)
TOTAL	6	(100.0) (24.0)	14	(100.0) (56.0)	5	(100.0) (20.0)	25	(100.0) (100.0)

Table 5.1 again shows the nature of abuse for each community, this time with all forms of spousal abuse only as a total, for ease of interpretation. In Alexis the nature of spousal abuse is predominantly physical (74.1%); abuse in Athabasca is also mostly of a physical nature (61.9%). Whitecourt, however, reports a greater variation of spousal abuse, one-half being physical and the other half a mixture of emotional abuse, threats of violence, damage, theft, financial exploitation, etc.

Table 5.1
SPOUSAL ABUSE - NATURE OF INCIDENT

	Alexis		Whitecourt		Athabasca	
	N	(%)	N	(%)	N	(%)
Sexual abuse	-	(—)	1	(0.4)	-	(—)
Physical abuse	20	(74.1)	121	(50.0)	39	(61.9)
Threatened with assault/injury/ personal harm	2	(7.4)	28	(11.6)	10	(15.9)
Emotional/ psychological abuse	4	(14.8)	68	(28.1)	13	(20.6)
Neglect	-	(—)	1	(0.4)	-	(—)
Breach of court	-	(—)	1	(0.4)	-	(—)
Damage or theft	1	(3.7)	7	(2.9)	-	(—)
Financial exploitation	-	(—)	5	(2.1)	1	(1.6)
Unknown	-	(—)	2	(0.8)	-	(—)
Other	-	(—)	8	(3.3)	-	(—)

There were a total of 206 incidents of child abuse or neglect reported during the study. A review of the child's family status in each community (Table 6) shows that the vast majority of abused children lived in a two-parent family rather than in a one-parent household as might be assumed.

Table 6
FAMILY STATUS OF ABUSED/NEGLECTED CHILDREN

	Alexis		Whitecourt		Athabasca	
	N	(%)	N	(%)	N	(%)
Parents living together with child	53	(60.9)	64	(61.0)	12	(85.7)
Single parent father living with child	-	(—)	4	(3.8)	-	(—)
Single parent mother living with child	24	(27.6)	30	(28.6)	30	(14.2)
Other	3	(3.4)	3	(2.9)	-	(—)
Unknown/NA	7	(8.0)	4	(3.9)	-	(—)

Neglect was the main form of child abuse in Alexis (60.0%), followed by sexual abuse (23.0%) (Table 5). In Whitecourt, sexual abuse was most common (35.0%), very closely followed by physical abuse (34.0%); neglect accounted for 19% of abuse. Athabasca had the fewest cases of child abuse per capita, with physical abuse the most prevalent at 43% of all types of child abuse followed by both sexual abuse and emotional/psychological abuse at 21% each.

The victims were asked if the offender used or threatened to use a weapon of some kind against them during the incident of violence (Table 7). Over one-half (54.3%) of the Alexis respondents said no weapon was involved, however, over one-quarter (26.3%) reported the use or threatened use of fists, hands or feet against them and just over 6% were threatened or abused with a blunt object or a combination of objects. In comparison, Whitecourt respondents reported a greater use of fists, hands or feet (39.1%) and less cases of violence of a non-physical nature (42.2%). Over 8% of these respondents were threatened or abused with a weapon such as a sharp or blunt object, a firearm or a combination of weapons. Athabasca reported the highest rate of the three communities of abuse or threatened abuse by fists, hands or feet (47.4%), the highest use of weapons (13.8%), and the lowest rate of non-physical abuse (35.8%).

Table 7
USE OF WEAPONS AS THREAT OR ACTUAL USE

	Alexis		Whitecourt		Athabasca	
	N	(%)	N	(%)	N	(%)
None	70	(54.3)	165	(42.2)	34	(35.8)
Fists or hands	31	(24.0)	147	(37.6)	40	(42.1)
Feet	3	(2.3)	6	(1.5)	5	(5.3)
Knife or sharp object	-	(—)	5	(1.3)	5	(5.3)
Blunt object	6	(4.7)	8	(2.0)	2	(2.1)
Firearm	-	(—)	8	(2.0)	3	(3.2)
Combination	2	(1.6)	12	(3.1)	3	(3.2)
Unknown	16	(12.4)	29	(7.4)	3	(3.2)
Other	1	(0.8)	11	(2.8)	-	(—)

It was intended that the study would include the extent and severity of injuries sustained as a result of the abuse. However, this information was not collected in the majority of cases. Of the 150 cases that were noted, just over 70% of the complainants had no physical injuries, approximately 19% suffered bruises, almost 5% had abrasions, cuts and minor bleeding, 2% sustained either broken bones, broken teeth or sprains and one victim (0.7%) had internal injuries.

The victims were asked to indicate if they, or the offenders were drinking at the time of the incident and, if so, drinking to excess or not. As "excessive drinking" was not defined for consistent use in the study and is a relative experience, the two categories will be merged for analysis. Table 8, however, reflects this information as collected.

Table 8
OCCURRENCE OF DRINKING AT TIME OF INCIDENT

	Alexis		Whitecourt		Athabasca	
	N	(%)	N	(%)	N	(%)
Victim:						
No drinking	106	(82.2)	261	(66.8)	56	(58.9)
Drinking but not to excess	5	(3.9)	51	(13.0)	13	(13.7)
Drinking to excess	12	(9.3)	47	(12.0)	14	(14.7)
Unknown	6	(4.7)	32	(8.2)	12	(12.6)
Offender:						
No drinking	46	(35.7)	180	(46.0)	35	(36.8)
Drinking but not to excess	6	(4.7)	59	(15.1)	14	(14.7)
Drinking to excess	63	(48.8)	103	(26.3)	33	(34.7)
Unknown	14	(10.9)	49	(12.5)	13	(13.7)

Of the three communities, Alexis victims were least likely to be drinking at the time of the incident (13.2% compared to 25.0% and 28.4% in Whitecourt and Athabasca respectively), however, the Alexis offender was most likely to be drinking (53.5% compared to 41.4% and 49.4% in Whitecourt and Athabasca respectively). In all, liquor was present in the offender in approximately one-half the incidents and in the victim in about one-quarter of the incidents. In about 10% of the cases it is not known whether liquor was involved or not.

The victims were also asked about the possible involvement of drugs during the incident, but not enough answers were provided for analysis. This may be due to possible legal implications.

In an attempt to understand the circumstances that might have contributed to the situation of violence, the victims of the three communities were asked to identify three events, from a list provided, that occurred prior to the incident. Not all respondents chose three events but a total of 466 responses were made (Table 9). Of those, "financial difficulties" was mentioned most frequently (15.7%) followed by "lack of financial support" (14.4%), "divorce or separation" (13.7%) and "unemployment" (10.3%). Various other incidents were also mentioned including almost 20% not on the list. For example, the victim asked to be allowed more independence for shopping, etc.; the offender was allowed to return to the home while a peace bond was in effect then was asked to leave again; and, the child wanted more freedom than was felt to be appropriate.

Table 9
EVENTS WHICH POSSIBLY CONTRIBUTED TO FAMILY VIOLENCE*

	N	(%)
Financial difficulties	73	(15.7)
Lack of family support	67	(14.4)
Divorce/separation	64	(13.7)
Unemployment	48	(10.3)
Few outside contacts	44	(9.4)
Job pressures/problems	32	(6.9)
Child custody dispute	24	(5.0)
Relocation	16	(3.4)
Illness/injury in family	4	(0.9)
Death in family	2	(0.4)
Eviction	1	(0.2)
Other	91	(19.5)

* Figures have been adjusted to exclude "unknown" and "missing" responses.

The victims were then asked to choose from a list three factors they felt might help to explain the behaviour pattern of the family. Of the 690 responses (Table 10), just over 25% felt the offender had emotional or behavioral problems, nearly 9% felt they themselves had emotional or behavioral problems and more than 8% stated the offender lacked parenting skills. Over 27% mentioned a variety of problems that were not included on the list, such as "blended family", "too young at time of marriage", "victim upgrading her education and offender feels left behind" and "defiant children".

Table 10
BEHAVIOUR WHICH POSSIBLY CONTRIBUTED TO FAMILY VIOLENCE*

	N	(%)
Offender has emotional/behavioral problems	173	(25.1)
Victim has emotional/behavioral problems	61	(8.8)
Offender lacks parenting skills	58	(8.4)
Offender is an adult child of an alcoholic	49	(7.1)
Offender has a history of substance abuse	45	(6.5)
Offender is an adult victim of child abuse	42	(6.1)
Victim has a history of substance abuse	16	(2.3)
Victim is an adult child of an alcoholic	14	(2.0)
Victim has a mental handicap	12	(1.7)
Victim is an adult victim of child abuse	12	(1.7)
Cultural differences	7	(1.0)
Offender has a mental handicap	5	(0.7)
Offender has a physical illness/disability	5	(0.7)
Victim has a physical illness/disability	3	(0.4)
Other	188	(27.2)

* Figures have been adjusted to exclude "unknown" and "missing" responses.

3. Action Taken by Agencies

Although several agencies were involved in the study, not enough data was collected by most of them to be incorporated in the analysis. The three agencies which had enough information to be included, Social Services, R.C.M.P. and Wellspring Women's Association, also had some missing data, however, the figures have been adjusted to provide only the distribution of information that is known. Reports from Alexis, Whitecourt and Athabasca have been amalgamated in the first two agencies presented to provide the maximum data possible. The third agency only exists in Whitecourt therefore only includes incidents occurring in that area.

a. Social Services

The incidents of violence were brought to the attention of Social Services by many different sources (Table 11), however, the victim herself (31.9%) or a family member (26.0%) were most likely to have reported it. Once reported, over one-quarter of the victims (27.7%) stated that no action was taken to assist them. When action was taken, it was to provide Social Allowance (17.0%) or counselling (12.3%) (Table 12). The victims reported that Social Services main action toward the offender was to discuss the issue with them (29.1%) or take no action at all (27.9%) (Table 13). Forty percent of the cases were then considered closed with no further action taking place. The final disposition of the remaining cases included continued involvement by Social Services, referral to other agencies and requests for further investigations (Table 14).

Table 11
SOURCE OF VIOLENCE REPORT TO SOCIAL SERVICES*

	N	(%)
Victim	65	(31.9)
Other family member	24	(11.8)
Mother	19	(9.3)
School	12	(5.9)
Neighbour	11	(5.4)
Father	10	(4.9)
Medical doctor	10	(4.9)
Police	9	(4.4)
Social Services	8	(3.9)
Offender	7	(3.4)
Friend	6	(2.9)
Hospital	5	(2.5)
Community Health Representative	2	(1.0)
Mental Health	2	(1.0)
Anonymous	1	(0.5)
F.C.S.S.	1	(0.5)
Counselling services	1	(0.5)
Health unit	1	(0.5)
Women's shelter	1	(0.5)
Landlord	1	(0.5)
Other	8	(3.9)

*Figures have been adjusted to exclude "unknown" and "missing" responses.

Table 12
MAIN ACTION BY SOCIAL SERVICES REGARDING THE VICTIM*

	N	(%)
No action taken	65	(27.7)
Social Allowance provided	40	(17.0)
Counselling provided	29	(12.3)
Informed victim of assistance available	21	(8.9)
Referred to other outside agency	21	(8.9)
Referred to other local agency	14	(6.0)
Provided support to victim (support agreement)	13	(5.5)
Still under investigation	8	(3.4)
Advised victim to lay charges	7	(3.0)
Advised victim to leave home	4	(1.7)
Other	13	(5.5)

* Figures have been adjusted to exclude "unknown" and "missing" responses.

Table 13
MAIN ACTION BY SOCIAL SERVICES REGARDING THE OFFENDER*

	N	(%)
Discussed issue with offender	71	(29.1)
No action taken	68	(27.9)
Police involvement requested	36	(14.8)
Entered support agreement	16	(6.6)
Referred to other local agency	13	(5.3)
Referred to other outside agency	13	(5.3)
Counselling provided	8	(3.3)
Still under investigation	7	(2.9)
Entered custody agreement	5	(2.0)
Discussed issue with other agency	4	(1.6)
Other	3	(1.2)

*Figures have been adjusted to exclude "unknown" and "missing" responses.

Table 14
FINAL DISPOSITION/RESOLUTION OF INCIDENT BY SOCIAL SERVICES*

	N	(%)
Case closed, no further action	90	(40.2)
Continued involvement/not yet finalized	60	(26.8)
Referred to other local agency	16	(7.1)
Agreement entered	14	(6.3)
Referred to other outside agency	11	(4.9)
Requested that Police investigate	11	(4.9)
Requested that Child Welfare investigate	6	(2.7)
Child(ren) apprehended	3	(1.3)
Child(ren) returned to parent(s)	1	(0.4)
Other	12	(5.4)

* Figures have been adjusted to exclude "unknown" and "missing" responses.

b. R.C.M.P.

Over one-half (53.7%) of the cases of violence brought to the attention of the R.C.M.P. were reported by the victim. The rest of the cases were reported by a variety of sources, the most common being a neighbour (13.6%) (Table 15). Most often, the R.C.M.P.'s response was to discuss the issue with the victim (38.8%) or to take no action (10.3%). In just over 8% of the cases, the R.C.M.P. acted as mediators in an attempt to cool down the situation or, in as many cases, advised the victim to leave the home or escorted them from the home (Table 16). In almost one-quarter of the cases reported, the main action taken by the R.C.M.P. was to charge the offender with an offense (23.8%), however, about one-fifth of the time (21.4%) the R.C.M.P. chose to just discuss the issue with the offender (Table 17). In just over one-half of the cases (53.1%) the final disposition or resolution of the incident by the R.C.M.P. was to close the case, with no further action taken; in another approximately one-third of the cases (36.9%) charges were pending or further investigation was deemed necessary (Table 18).

Table 15
SOURCE OF VIOLENCE REPORT TO THE R.C.M.P.*

	N	(%)
Victim	95	(53.7)
Neighbour	24	(13.6)
Other family member	18	(10.2)
Offender	8	(4.5)
Hospital	7	(4.0)
Mother	4	(2.3)
Landlord	4	(2.3)
Social Services	3	(1.7)
Women's shelter	3	(1.7)
Friend	3	(1.7)
Medical doctor	2	(1.1)
Health unit	2	(1.1)
Anonymous	1	(0.6)
Father	1	(0.6)
Police	1	(0.6)
Other	1	(0.6)

*Figures have been adjusted to exclude "unknown" and "missing" responses.

Table 16
MAIN ACTION BY THE R.C.M.P. REGARDING THE VICTIM*

	N	(%)
Discussed issue with victim	90	(38.8)
No action taken	24	(10.3)
Mediated dispute/cooled down situation	19	(8.3)
Advised victim to lay charges	17	(7.3)
Referred to other local agency	13	(5.6)
Informed victim of assistance available	11	(4.7)
Removed victim from home	11	(4.7)
Advised victim to leave home	9	(3.9)
Statement taken	7	(3.0)
Victim left home on own accord	7	(3.0)
Referred to other outside agency	6	(2.6)
Transported victim to hospital	5	(2.2)
Still under investigation	2	(0.9)
Other	11	(4.7)

*Figures have been adjusted to exclude "unknown" and "missing" responses.

Table 17
MAIN ACTION BY THE R.C.M.P. REGARDING THE OFFENDER*

	N	(%)
Charged offender	49	(23.8)
Discussed issue with offender	44	(21.4)
No action taken	30	(14.6)
Mediated dispute/cooled down situation	25	(12.1)
Removed offender from home	25	(12.1)
Advised offender to leave home	8	(3.9)
Discussed issue with other agency	7	(3.4)
Referred to other local agency	7	(3.4)
Referred to other outside agency	2	(1.0)
Still under investigation	2	(1.0)
Other	7	(3.4)

*Figures have been adjusted to exclude "unknown" and "missing" responses.

Table 18
FINAL DISPOSITION/RESOLUTION OF INCIDENT BY POLICE*

	N	(%)
Case closed, no further action	95	(53.1)
Charges pending	53	(29.6)
Continued involvement/further investigation necessary	13	(7.3)
Referred to other local agency	8	(4.5)
Referred to other outside agency	7	(3.9)
Other	3	(1.7)

* Figures have been adjusted to exclude "unknown" and "missing" responses.

c. Wellspring Women's Association

The incidents of violence were brought to the attention of Wellspring Women's Association mainly by the victim (54.8%) or Social Services (12.5%) (Table 19). Wellspring provided the victim with a variety of services, mainly counselling (34.7%) and accommodation (22.9%) (Table 20). Usually no action was taken with regard to the offender (71.2%) other than discussing the issue with him (14.4%) (Table 21).

Table 19
SOURCE OF VIOLENCE REPORT TO WELLSPRING WOMEN'S ASSOCIATION*

	N	(%)
Victim	57	(54.8)
Social Services	13	(12.5)
Police	6	(5.8)
Mother	4	(3.8)
Neighbour	4	(3.8)
Medical doctor	4	(3.8)
Other family member	3	(2.9)
Crisis association	2	(1.9)
Father	1	(1.0)
Mental health	1	(1.0)
F.C.S.S.	1	(1.0)
School	1	(1.0)
AADAC	1	(1.0)
Hospital	1	(1.0)
Friend	1	(1.0)
Other	4	(3.8)

*Figures have been adjusted to exclude "unknown" and "missing" responses.

Table 20
MAIN ACTION BY WELLSPRING WOMEN'S ASSOCIATION REGARDING THE VICTIM*

	N	(%)
Provided counselling	41	(34.7)
Provided accommodation	27	(22.9)
Informed victim of assistance available	17	(14.4)
Provided transportation	12	(10.2)
Referred to other outside agency	7	(5.9)
No action taken	6	(5.1)
Referred to other local agency	2	(1.7)
Advised victim to lay charges	1	(0.8)
Other	5	(4.2)

Table 21
MAIN ACTION BY WELLSPRING WOMEN'S ASSOCIATION REGARDING THE OFFENDER*

	N	(%)
No action taken	74	(71.2)
Discussed issue with offender	15	(14.4)
Police involvement requested	10	(9.6)
Discussed issue with other agency	2	(1.9)
Referred to other outside agency	1	(0.9)
Other	2	(1.9)

*Figures have been adjusted to exclude "unknown" and "missing" responses.

The women first learned about the shelter through friends or relatives (35.4%) or through information provided by other helping agencies including the police and the hospital (22.9%), or through the efforts of Wellspring itself such as public talks held there or advertising (22.7%) (Table 22).

Table 22
MANNER IN WHICH THE WOMAN LEARNED ABOUT THE SHELTER*

	N	(%)
Friend/relative	28	(35.4)
Other agency	10	(12.7)
Attended a talk at Wellspring Women's Association	8	(10.1)
Family doctor	7	(8.9)
Police	7	(8.9)
Newspaper	5	(6.3)
Telephone book	3	(3.8)
Had been there previously	3	(3.8)
Flyer or card from shelter	2	(2.5)
Foxcreek Hospital	1	(1.3)
Other	5	(6.3)

Most of the women (38%) who were admitted into the shelter were assaulted physically or sexually; of these, over half brought children with them. Thirty-three percent of the women were not battered but had problems dealing with their families (Table 23).

Table 23
CATEGORY OF ADMISSION INTO THE SHELTER

	N	(%)
Woman experiencing problems with spouse, family or parents (non-battering)	33	(33.0)
Battered women with children	20	(20.0)
Battered women without children	16	(16.0)
No admission	15	(15.0)
Crisis call	7	(7.0)
Victim of sexual assault	2	(2.0)
Other	7	(7.0)

* Figures have been adjusted to exclude "unknown" and "missing" responses.

Less than one-fifth of the women (18.7%) were able to drive to the shelter in their own car. The rest of the women had to make arrangements for transportation (Table 24); over 17% were brought to the shelter by staff. Many (16.0%) walked to the shelter but it is unknown whether they chose to or didn't know about the shelter's transportation service.

Table 24
MODE OF TRANSPORTATION TO THE SHELTER

	N	(%)
Own car	14	(18.7)
Walked	12	(16.0)
Lift from friend/neighbour/relative	10	(13.3)
Shelter volunteer	8	(10.7)
Taxi	6	(8.0)
Crisis call	6	(8.0)
Shelter staff	5	(6.7)
Police	4	(5.3)
None	2	(2.7)
Social worker	1	(1.3)
Other	7	(9.3)

Most of the women who came to the shelter did not actually spend the night there (59.4%); those who did stay usually only spent one night. However, two women did stay at the shelter for 26 days (Table 25).

Table 25
NUMBER OF NIGHTS VICTIM SPENT AT THE SHELTER

Nights	N	(%)
0	60	(59.4)
1	18	(17.8)
2	8	(7.9)
3	4	(4.0)
4	2	(2.0)
5	1	(1.0)
6	-	(–)
7	1	(1.0)
8	2	(1.9)
9	1	(1.0)
10	1	(1.0)
11	-	(–)
12	-	(–)
13	-	(–)
14	-	(–)
15	1	(1.0)
16+	2	(2.0)

Upon leaving the shelter, the majority of women returned to their spouse (42.3%); only 18% resumed their lives independently (Table 26).

Table 26
DEPARTURE STATUS OF VICTIM

	N	%
Returned to spouse	33	(42.3)
Living with friend/relative	11	(14.1)
Returned to home without spouse	7	(9.0)
Living independently	7	(9.0)
Living in Second Stage housing	5	(6.4)
Moved out of town	5	(6.4)
In another Alberta emergency shelter	3	(3.8)
Other	7	(9.0)

Based on the information depicted in the tables, some ideas for future service development or emphasis and areas for further study become evident. Firstly, because many women bring children with them to the shelter, there may be a need for counsellors to be able to deal directly with the emotional needs of the children rather than just the mother or the "family unit". As well, the statistics show that approximately one-third of the women were not battered but needed help in the form of counselling and over one-half did not stay the night at the shelter. This may indicate a need to adjust spending to reflect a higher need for counsellors and a lower need for a substitute home - if other related studies support this shift. However, these statistics might actually indicate the opposite - that many of the victims did not spend the night in the shelter because there was not enough room, rather than because there was no need. The professionals working in the field would be better able to apply their knowledge to this question. As it is well documented that the majority of battered women who leave the offender return at least once, counselling might include how to deal with going back, how to recognize a chronically abusive relationship, how to be prepared for the next act of violence, etc. The purpose would be to show the victim what to expect if she returns to a spouse whose attitude has not changed. The victim may then be able to make a more informed decision about her future.

d. Comparison of Agencies

The type of attention an incident of violence generates appears to be highly dependent upon which agency the incident is reported to. If Wellspring Women's Association, and presumably other shelters as well, becomes involved, the attention is focused on the female victim as they provide her with support in the form of a place to stay, someone to talk to, and advice; the offender is virtually not involved in the process. However, if the incident is brought to the attention of the R.C.M.P. much more action is likely to take place. Discussions are held with both the victim and offender; mediation may occur, statements may be taken and often the offender is charged and/or removed from the home. Reporting the incident to Social Services generally elicits a more "hands off" approach. Other than providing funds to the victim, if she qualifies for Social Allowance, and some counselling, Social Services basically acts as an information and referral source. If there are children involved in the dispute or being abused, however, investigations may be launched within the department or in cooperation with the R.C.M.P.

B. Victim Survey

Eighteen people who reported being abused were interviewed regarding their experience.[2] All were spouses or common-law spouses of the offender. Fifty percent of the victims were unemployed and/or attending school at the time of the incident; their yearly personal income was under $10,000. However, almost three-quarters (13) of the victims were fairly well-educated having attended school to at least grade 10. Eleven of the victims began their relationship with the offender after reaching 20 years of age. Approximately two-thirds never witnessed violence between their parents as a child (11) or were abused as a child (12).

The victims were also asked about the abusing spouse's background. Just over half (10) had attended school to at least grade 10 and 15 were working at least part-time at the time of the incident; 14 performing skilled or semi-skilled labour such as business manager, truck driver or labourer. At the time of the reported incident, the family income was over $20,000 per year in almost two-thirds (11) of the cases. Of the 16 spouses who were aware of the offender's past, over two-thirds (11%) reported that they had witnessed parental violence as a child, and 13 reported having been abused themselves as a child. As well, one-half of the offenders had been charged previously with assault.

This information leads to the conclusion that in these particular cases, and possibly in other small remote communities, the factors of education, work and income are not very significant in predicting abusing behaviour. However, childhood experiences may indeed be a causal factor. One must keep in mind, though, that it is well known that experts in the field consider childhood experiences of abuse a significant factor which contributes to abusive behaviour by adults. Some victims, being aware of this, may be justifying or rationalizing their spouses behaviour by reporting previous abuse, 16 of 18 victims having the ability to report about their spouses' childhood experiences. The data would be considered more accurate had the offender himself been interviewed. As well, although the victims report that one-half of the offenders were previously charged with assault, the wording of the question and answers shows that the question could have been misinterpreted and the assault charge mentioned could actually have pertained to the current incident of violence.

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[2] Interviews of victims of family violence were not conducted in Alexis.

C. Key Agents Survey

Agency personnel were surveyed to obtain their opinions and views as "key agents" on matters of family violence. Due to their positions it was thought that they would have valuable information on the effectiveness of the current prevention and intervention approaches.

1. Characteristics of Key Agents

Of the 60 key agents who responded, 1 was from Alexis, 35 were from Whitecourt and 24 were from Athabasca. The majority (86.7%) were of non-native descent. One-half of the respondents were with the R.C.M.P. (25.0%) or Family and Social Services (25.0%); the remainder represented a variety of agencies (Table 27). Most of the agents were female (63.3%) representing all age groups over 19 years (Table 28) and had a university degree (40.0%) or college diploma (26.7%) (Table 29). Almost 29% had only six months or less service in family violence including past experience as well as that garnered in their current agency. However, over one-half of the agents had more than three years experience (Table 30).

Table 27
AGENCIES REPRESENTED BY THE KEY AGENTS

	N	%
R.C.M.P.	15	(25.0)
Family and Social Services	15	(25.0)
Health Unit	10	(16.7)
Wellspring Women's Association	5	(8.3)
Family and Community Support Services (FCSS)	4	(6.7)
Probation (Community Corrections)	3	(5.0)
Mental Health Services	2	(3.3)
Hospital	2	(3.3)
Town Council	1	(1.7)
School Administration	1	(1.7)
Other	2	(3.3)

Table 28
AGE GROUP OF KEY AGENTS

	N	%
19 years and under	-	(–)
20-29 years	15	(23.3)
30-39 years	26	(43.3)
40-49 years	14	(23.3)
50-59 years	5	(8.3)
60 and over	1	(1.7)

Table 29
EDUCATION LEVEL OF KEY AGENTS

	N	(%)
Grade 7 - 8	1	(1.7)
Grade 9	-	(–)
Grade 10 - 11	2	(3.3)
Grade 12	12	(20.0)
Some college	3	(5.0)
College diploma	16	(5.0)
Some university	2	(3.3)
University degree	24	(40.0)

Table 30
TOTAL YEARS OF EXPERIENCE IN FAMILY VIOLENCE

	N	(%)
0 - 6 months	17	(28.8)
7 months - 1 year	1	(1.7)
1 - 3 years	9	(15.3)
4 - 6 years	12	(20.3)
7 - 10 years	11	(18.6)
11 - 15 years	5	(8.5)
16 years and over	4	(6.8)

2. Training

The agents were asked the number of hours of training they received in specific areas of violence from the agency in which they were currently employed. The majority stated they had received no training in any of the areas, especially dating violence (83.3%) and elder abuse (78.2%). Most of the training which did take place was in child abuse, with over 26% receiving at least seven hours, and spousal abuse, with almost

22% also receiving at least seven hours. Those who were trained in substance abuse and suicide prevention generally received four to six hours of education (Table 31). All 5 responding agents from Wellspring Women's Association received at least some training in spousal abuse, child abuse and substance abuse. Of the 13 R.C.M.P. respondents 58% had some training in spousal abuse and 46% had some training in child abuse, substance abuse and suicide prevention. Sixty percent of the 15 Family and Social Services respondents received some training in child abuse, 47% had some training in substance abuse and 40% were given some training in spousal abuse.

Table 31
HOURS OF FAMILY VIOLENCE TRAINING RECEIVED
BY KEY AGENTS IN THEIR CURRENT AGENCIES*

	No Training	1 - 3 Hours	4 - 6 Hours	7 - 15 Hours	16 - 24 Hours	25 - 40 Hours	Over 40 Hours	Total	
	%	%	%	%	%	%	%	N	(%)
Spousal abuse	57.1	12.5	8.9	10.7	3.6	3.6	3.6	56	(100)
Child abuse	52.6	8.8	12.3	10.5	5.3	3.5	7.0	57	(100)
Elder abuse	78.2	12.7	3.6	5.5	–	–	–	55	(100)
Dating violence	83.3	11.1	1.9	1.9	1.9	–	–	54	(100)
Substance abuse in family violence	61.4	3.5	14.0	10.5	3.5	5.3	1.8	57	(100)
Suicide prevention in family violence	64.3	1.8	17.9	5.4	7.1	1.8	1.8	56	(100)
Other	86.5	2.7	5.4	2.7	2.7	–	–	37	(100)

The agents who received some training were asked to rate its usefulness to them. The ratings have been categorized in Table 32 as "not at all useful", "somewhat to moderately useful" and "very to extremely useful". The classifications given by the respondents appear somewhat different or similar depending on the type of abuse examined. This phenomena could be the result of three different influencing factors. First, the training for each agent may have been quite different depending on the content, who provided it, when it was provided and in what manner it was presented, second, the training may not have been perceived as useful because very little of that type of abuse is encountered in that community and third, and perhaps most important, the number of responses were so low that a few responses could skew the data significantly. Therefore, although the information is presented here for interest's sake, the limiting factors should be kept in mind.

Table 32
USEFULNESS OF THE FAMILY VIOLENCE TRAINING RECEIVED
BY KEY AGENTS IN THEIR CURRENT AGENCIES*

	Not at all Useful		Somewhat/ Moderately Useful		Very/Extremely Useful		Total Respondents	
	N	(%)	N	(%)	N	(%)	N	(%)
Spousal abuse	7	(20.6)	14	(41.2)	13	(38.2)	34	(100)
Child abuse	8	(20.5)	14	(35.9)	17	(43.6)	39	(100)
Elder abuse	11	(45.8)	8	(33.3)	5	(20.8)	24	(100)
Dating violence	12	(50.0)	8	(33.3)	4	(16.7)	24	(100)
Substance abuse in family violence	10	(28.6)	10	(28.6)	15	(42.9)	35	(100)
Suicide prevention in family violence	11	(33.3)	9	(27.3)	13	(39.4)	33	(100)
Other	8	(57.1)	3	(21.4)	3	(21.4)	14	(100)

*Figures have been adjusted to exclude "unknown" and "missing" responses.

Almost 87% of the agents felt that training in the areas of prevention and treatment of family violence was needed in their agencies and most stated they would commit time to further training, especially in the areas of spousal, child and substance abuse and suicide prevention. Over 63% of the respondents stated that their agency did not presently have an organized family violence staff training program.

3. Interrelationship of Agencies

In order to ascertain the extent of the working relationships among the social agencies, and the quality of the interactions, the key agents were asked which agencies they had regular or extended contact with regarding family violence and the adequacy of those working relationships.

As half of the respondents represented either Family and Social Services or the R.C.M.P., and these agencies have a history of close association, it is not surprising that they were mentioned 72% and 70% of the time respectively. The next agencies most commonly identified as being regularly contacted regarding family violence were Mental Health Services (58.3%), Family and Community Support Services (F.C.S.S.) (56.7%) and the Hospital (55.0%). All eighteen agencies cited in the study were regularly involved with each other (Table 33).

Table 33
RATE OF CONTACT WITH AGENCIES REGARDING FAMILY VIOLENCE

	N	(%)
Family & Social Services	43	(71.7)
R.C.M.P.	42	(70.0)
Mental Health Services	35	(58.3)
Family & Community Support Services	34	(56.7)
Hospital	33	(55.0)
Health Unit	24	(40.0)
Elementary school, grade K - 6	24	(40.0)
Wellspring Women's Association	23	(38.3)
Probation (Community Corrections)	21	(35.0)
High School, grade 10 - 12	19	(31.7)
Junior high school, grade 7 - 9	18	(30.0)
Crown prosecutor	16	(26.7)
Athabasca Prevention of Family Violence Society	14	(23.3)
School Administration	14	(23.3)
Defense lawyer	14	(23.3)
Judiciary	11	(18.3)
Town council	7	(11.7)
Member of Legislative Assembly/Member of Parliament	4	(6.7)
Other	6	(1.5)

The agents described their working relationships with the agencies using a five-point scale which ranged from poor to excellent. Because the number of respondents was relatively few, the categories were condensed to "poor", "adequate-good", "very good-excellent" to increase the number of the responses in each category to a more acceptable level. The three agencies most often rated by the agents as very good to excellent to work with were: Family and Community Support Services (71.4%), hospitals (61.5%) and the R.C.M.P. (60.9%); the three agencies most often given a "poor" rating were: the office of the Defense Lawyer (24.1%), the office of the Crown Prosecutor (23.3%) and the Town Council (20.0%). It should be kept in mind, however, that these agencies were given a higher rating by a significant majority of the agents; Table 34 shows the distribution of responses.

Table 34
QUALITY OF WORKING RELATIONSHIPS WITH AGENCIES

	Poor	Adequate - Good	Very Good - Excellent	Total Respondents	
	%	%	%	N	(%)
R.C.M.P.	2.2	37.0	60.9	46	(100)
Family and Social Services	7.0	34.9	58.1	43	(100)
Mental Health Services	8.5	51.1	40.4	47	(100)
Probation (Community Corrections)	10.5	44.7	44.7	38	(100)
Hospital	1.9	36.5	61.5	52	(100)
Health Unit	–	40.0	60.0	45	(100)
Family and Community Support Services (F.C.S.S.)	4.1	24.5	71.4	49	(100)
Wellspring Women's Association	13.3	33.3	53.3	30	(100)
Athabasca Prevention of Family Violence Society	19.2	42.3	38.5	26	(100)
Town Council	20.0	40.0	40.0	30	(100)
Member of Legislative Assembly/Member of Parliament	16.7	56.7	26.7	30	(100)
School Administration	2.3	53.5	44.2	43	(100)
Elementary school, grade K - 6	4.8	52.4	42.9	42	(100)
Junior high school, grade 7 - 9	4.5	56.8	38.6	44	(100)
High school, grade 10 - 12	4.4	51.1	44.4	45	(100)
Judiciary	12.1	48.5	39.4	33	(100)
Crown prosecutor	23.3	40.0	36.7	30	(100)
Defense lawyer	24.1	44.8	31.0	29	(100)

The respondents were asked to describe what it was that made a relationship with another agency excellent. Open communication, information and idea sharing and frequent contact between agencies were mentioned, as well, agencies with strong policies, well-known mandates and good directors were said to be excellent to work with. On the other hand, agencies that were not good to work with were seen as misinformed, overworked, understaffed, inaccessible or hiding behind paperwork. Many of the respondents misinterpreted the question and rated the relationship as "poor" if they did not require any contact with a particular agency, rather than "not applicable". The three agencies mentioned previously as having the highest "poor" rating suffered the most from this misinterpretation. Therefore, it should be noted that in actuality very few agency relationships were considered to be "poor".

4. Improvements in Community Response

An extensive list of services aimed at dealing with issues of family violence was compiled for this study. The key agents were asked to indicate which of the services they felt were needed in the community and the degree of that need and as well, those services not needed at all or already provided. The services included categories of individual treatment, self-help support groups, family therapy, preventive programs and support services (Table 35).

Table 35
SERVICE IMPROVEMENTS MOST NEEDED IN THE COMMUNITY

	No Need	Somewhat /Moderate Need	High/ Extreme Need	Currently Provided	Number Responding	
	%	%	%	%	N	%
Individual Treatment for:						
Spousal abuse victims	1.7	20.7	62.1	15.5	58	(100)
Elder abuse victims	9.1	69.1	16.4	5.5	55	(100)
Child abuse victims	1.8	24.6	50.9	22.8	57	(100)
Adult survivor of child sexual abuse	5.5	38.2	47.3	5.5	55	(100)
Children exposed to domestic violence	1.8	29.8	56.1	12.3	57	(100)
Adult child of a substance abuser(s)	7.3	45.5	34.5	12.7	55	(100)
Spousal abuse offenders	1.8	16.1	78.6	3.6	56	(100)
Incest offenders	3.5	28.1	59.6	8.8	56	(100)
Self-Help Support Groups:						
Victim support group	1.8	21.8	70.9	5.5	55	(100)
Offenders support group	3.6	38.2	58.2	–	55	(100)
Substance abusers support group	1.8	23.6	38.2	36.4	55	(100)
Support group for adult survivors of child sexual abuse	1.9	50.0	46.3	1.9	54	(100)
Children exposed to domestic violence group	1.8	49.1	47.3	1.8	55	(100)
Support group for adult children of substance abusers	–	44.4	31.5	24.1	54	(100)
Court mandated abusers program	–	25.5	71.0	3.6	55	(100)
Family Therapy-Treatment:						
Treatment for whole family	–	14.5	69.1	16.4	55	(100)
Treatment for family sub-units	–	16.7	70.4	13.0	54	(100)

Table 35
SERVICE IMPROVEMENTS MOST NEEDED IN THE COMMUNITY

	No Need	Somewhat /Moderate Need	High/ Extreme Need	Currently Provided	Number Responding	
	%	%	%	%	N	%
Preventive Programs:						
Brochures, publications	2.0	35.3	49.0	13.7	51	(100)
Advertising, posters	3.7	38.9	38.9	18.5	54	(100)
Public messages	3.6	43.6	40.0	12.7	55	(100)
Media campaigns, talk shows	4.1	44.9	46.9	4.1	49	(100)
Professional training	6.5	32.6	52.2	8.7	46	(100)
Public workshops	2.8	16.7	69.4	11.1	36	(100)
Volunteer workshops	1.9	22.6	71.7	3.8	53	(100)
Public forums	1.9	28.3	69.8	–	53	(100)
Parenting programs	1.9	26.9	65.4	5.8	52	(100)
Support Services:						
Victim advocacy	6.0	10.0	42.0	42.0	50	(100)
Victim assistance	36.4	–	63.6	–	11	(100)
Financial assistance	–	32.7	51.9	15.4	52	(100)
Legal aid	–	24.5	52.8	22.6	53	(100)
Legal information	1.9	20.8	28.3	49.1	53	(100)
Emergency medical aid	–	18.9	26.4	54.7	53	(100)
Community health nursing	–	24.1	25.9	50.0	54	(100)
Emergency safe housing	1.9	14.8	16.7	66.7	54	(100)
Subsidized housing	1.9	16.7	16.7	64.8	54	(100)
Emergency transportation to a safe place	–	12.7	54.5	32.7	55	(100)
24 hour crisis line	–	14.8	48.1	37.0	54	(100)
Business hours crisis line	–	25.5	35.3	39.2	51	(100)

Very few of any of the services listed were considered to be not needed and only slightly more were already being provided; most were considered to be needed to an either somewhat to moderate degree or high to extreme degree.

Almost one-quarter of the agents (22.8%) stated that "individual treatment" for victims of child abuse was presently being provided in their communities, and another one-half of the agents (50.9%) said there was a high to extreme need for this service in the communities where it was not provided. The agents also felt that individual treatment for offenders was very much needed. Almost 79% considered there to be a high to extreme need for individual treatment for spousal abuse offenders; almost 60% felt the same about treatment for incest offenders.

In the "self-help support groups" category substance abusers appear to be receiving the most help; over one-third (36.4%) of the agents said the service was already being provided for these people; slightly more (38.2%) said a high to extreme need exists in their communities. The two self-help support groups considered to be the most needed by the majority of Agents is court mandated abusers programs (71.0%) and victims support groups (70.9%).

Under the category of "family therapy" only two services were specified; family treatment of the whole family and treatment of family sub-units such as mother and child. Few agents stated these were already being provided; most said there was a high to extreme need in their communities for these services (69.1% and 70.4% respectively).

The most commonly provided "preventive services" were those designed to change public attitude, specifically, advertising via posters (18.5%). There was seen to be a high to extreme need in skill and knowledge development through volunteer workshops (71.7%), public forums (69.8%) and public workshops (69.4%).

Services of a "support" nature appear to be the most widely available especially subsidized housing (64.8%) and emergency safe housing (66.7%). The two support services felt to be most highly needed were emergency transportation to a safe place (54.5%) and legal aid (52.8%).

VI. CONCLUSION

It is evident that there is a great deal of room for improvement in the services being provided to both victims and offenders in northern Alberta. Data from the Key Agents Survey demonstrates that agency workers within the communities feel there is a definite need for education in the field of family violence and are willing to be trained in all areas. However, it is not feasible to expect to provide all services to all people, or training in every type of abuse to all social agency employees and volunteers, whether it be in a small remote community or in a centrally located city. It is very important to choose which services and training will be provided with an eye toward the type of abuse most commonly occurring in a particular community and the reasons behind the abuse.

In order to provide the most effective service they can, the agencies must not isolate themselves from other agencies; an open communicative relationship can help to provide an integrated and holistic service to the entire family affected by violence. The agencies must ensure they have clear policies, that their actions reflect them and that others are aware of what those policies are. Participation on interagency committees for the purpose of information and idea sharing could be a useful method to achieve these goals.

As stated in the introduction, this study was designed to have a broad wide-ranging structure of analysis incorporating an overview of the field of family violence. However, in order for a design of this nature to be effective the population under study must be large enough to provide the necessary data. It was assumed that this would be accomplished with the study being carried over a period of years, however, this was not so. It is apparent that if this study, or a similar one, is repeated in the future, the population base must be increased significantly, perhaps by including several more comparable communities.

It is also recommended that key agents, or their equivalent be interviewed face-to-face to ensure the questions are interpreted consistently.

APPENDIX A

KEY DEFINITIONS

The following definitions of key concepts were developed to ensure a common understanding of the terms utilized in the study. Agency personnel were familiarized with the concepts prior to their working with the agency questionnaire for the study. This is to ensure a uniform response category for every possible incident coming to the attention of participating agencies.

The Family

The term "family" is a generic category that includes several structures and types and can refer to several social groups that differ from one another in important ways. In the broadest sense, family is a set of persons related to each other by blood, marriage, choice or adoption.

The Nuclear Family - when reference is made to the family what is usually meant is the unit of organization that includes the husband, wife and their immediate children. As an ideal type, this unit is most commonly termed the nuclear family. It refers to any two or more persons who are related to one another by blood, marriage, or adoption, assuming they are of same or adjoining generations. Thus, a husband and wife would be a nuclear family as would a brother and sister, one parent and one child, or both parents and any numbers of children. For the purposes of most studies, including this one, a family is considered to be nuclear one whether or not there is a legal marriage or whether or not there is a shared residence between two people.

The Extended Family - this refers to family structures that extend beyond the nuclear family. This involves the conjugal and/or nuclear family as well as other relatives by blood, marriage or adoption, either living within or outside of the family home (this would include aunts, uncles, cousins, grandparents, nieces, nephews and step-relatives).

Family Violence

Family violence is defined as an act or acts carried out by one family member, or members, against another family member or members, or among members of the family, with the intention or, or perceived as having the intention of causing physical, emotional, or psychological pain or injury. It is assumed that in most incidents of family violence there will be a distinctive victim or victims and a distinctive offender or offenders. In some cases, however, a clear distinction of these roles may not be evident (e.g. domestic family quarrel).

In these cases, family members engaged in an incident will be referred to as participants for the purposes of data collection. The term "violence" is also a generic category that includes several types and structures. It is used interchangeably with the terms conflict and abuse.

Conflict - is defined as a hostile encounter or active quarrelling resulting from, or in, discord among persons. While it is recognized that some conflict is natural, and perhaps even healthy, for the purpose of this study, conflict that is serious enough to come to the attention of an agency will be considered a dimension of family violence as defined above.

Abuse - is defined as verbal and/or physical maltreatment such that the safety, survival, security and/or development of a person is endangered.

Violence - is defined as an exertion of physical force so as to injure or abuse. It is an intense, turbulent and often destructive action.

Types of Abuse

In the literature, Family Violence usually refers to Spousal Abuse in general, and Wife Battering in particular. This project is unique in that it is concerned with all aspects of intra-family violence.

Child Abuse - is defined as the maltreatment of children, aged seventeen years of age and under, by another family member or members, whether intentional or unintentional, such that the safety, survival, security and/or development of the child is endangered.

Spousal Abuse - is defined as the maltreatment of one partner against the other, whether intentional or unintentional, such that the safety, survival and/or security of the abused in endangered.

Elder Abuse - is defined as the maltreatment of an elderly person, aged sixty years or over, by another family member or members, whether intentional or unintentional, such that the safety, survival and/or security of the elderly person is endangered.

Nature of Abuse

Abusive situations can be classified into a number of distinct categories. It is recognized that these categories are not mutually exclusive. That is, sexual abuse is likely to have elements of psychological and/or physical abuse as well.

Physical Abuse - refers to substantial and observable injury to any part of a person's body as a result of the non-accidental application of force or an agent to the person's body.

Sexual Abuse - refers to physical attacks on the victim's breast/genitals or forced sexual activity. It includes sexual touching, sexual exposure, sexual intercourse and/or sexual exploitation.

Psychological Abuse - consists primarily of verbal attacks on a person's sense of self. It includes persistent humiliation, rejection or the constant reiteration that the person is stupid, bad or worthless.

Threats of Abuse - consists of saying or doing things to intentionally frighten the victim. Such things as threatening suicide, violence or assaults on property and pets fall into this category.

Physical Neglect - is used to describe acts of omission which may cause significant negative emotional and physical consequences. These include the need for adequate nutrition, clothing, shelter, health care and protection from harm.

Financial Exploitation - is defined as situations relating to monetary matters and involves the withholding of finances, fraud, theft, misappropriated or misuse of funds or property.

Property Theft or Damage - although the victim's body is not touched, destruction and/or theft or property often has the same psychological impact on the victim as a physical attack.

NORTHERN ALBERTA FAMILY VIOLENCE STUDY
AGENCY QUESTIONNAIRE

WHEN TO FILL OUT THIS FORM

Please complete this form for each NEW family violence incident reported to your agency. This should be done for ALL disputes or violent incidents that involve MEMBERS OF THE SAME FAMILY, including child abuse/neglect, disputes or allegations of violence between spouses (people who are presently or have previously lived together in a married or common-law relationship), any abuse or neglect of parents by children, or incidents between children of the same family.

Because of the interest in obtaining information useful for preventing minor incidents from progressing in seriousness, this form should be completed for ALL incidents that come to your attention. This should be done for relatively minor incidents which do not involve actual violence as well as for more serious incidents, including any family-related homicides.

HOW TO FILL OUT THIS FORM

If there is only one alleged victim:

Complete one copy of the form, consisting of Parts A, B and C.

If there is more than one alleged victim: (e.g., if two children were abused)

Complete a DIFFERENT COPY OF PARTS A, B AND C FOR EACH VICTIM. These copies should be stapled together in order to allow linkages to the same family.

If there is no clear victim: (e.g., if the incident involves a general family dispute without an apparent victim or offender)

Complete one copy of the form, consisting of Parts A, B and C, where you can substitute "PARTICIPANT 1" for VICTIM and "PARTICIPANT 2" for OFFENDER.

NOTE:

Please circle ONLY ONE number for all questions with number codes unless instructed to choose more than one answer.

ALL INFORMATION SUPPLIED WILL BE KEPT CONFIDENTIAL AND WILL BE USED ONLY FOR STATISTICAL PURPOSES.

Please return completed forms to:

Ms. Norma MacKenzie
Northern Alberta Family Violence Study
Office for the Prevention of Family Violence
Alberta Social Services
11th Floor, Seventh Street Plaza
Edmonton, Alberta T5J 3E4
(403) 427-7599

Please mark "CONFIDENTIAL" on outside of envelope.

CONFIDENTIAL INFORMATION - PERSONAL IDENTIFICATION

The information in this portion of the form is needed to allow linkages between the various kinds of domestic disputes which may be reported to different community agencies.

ALLEGED VICTIM (or PARTICIPANT 1)

(CONF01) First Name
(CONF02) Last Name
(CONF03) Address
(CONF05) Telephone No.

ALLEGED OFFENDER (or PARTICIPANT 2)

(CONF07) First Name
(CONF08) Last Name
(CONF09) Address
(CONF11) Telephone No.

PARENTS/GUARDIANS OF CHILD (if child abuse)

(CONF13) First Name
(CONF14) Last Name
(CONF15) Address
(CONF16) Telephone No.

(CONF13) First Name
(CONF14) Last Name
(CONF15) Address
(CONF16) Telephone No.

FOR OFFICE USE ONLY

Inc. No. ____________ (AA04)
Fam. No. ____________ (AA05)
Rec'd ____________ (AA06)

PART A: Characteristics of Family Violence Victims & Offenders

(If there is no clear VICTIM or OFFENDER, please continue to substitute the terms PARTICIPANT 1 for victim and PARTICIPANT 2 for offender).

VICTIM INFORMATION

(A01) Gender of alleged victim

1. Male 2. Female

(A02) Relationship of victim to alleged offender

1. Son
2. Daughter
3. Wife
4. Husband
5. Mother
6. Father
7. Brother
8. Sister
9. Mother-in-Law
10. Father-in-Law
11. Sister-in-Law
12. Brother-in-Law
13. Female Cousin
14. Male Cousin
15. Aunt
16. Uncle
17. Niece
18. Nephew
19. Grandmother
20. Grandfather
98. Unknown
99. Other ____________

VICTIM INFORMATION (Continued)

(A03) Date of Birth YY MM DD └──.──.──┘ OR (A04) Approximate age of alleged victim ________

(A05) Victim's Place of Birth: (Country) ________________________

(A06) Victim's Race
1. Caucasian
2. Native Indian
3. Metis
4. Black
5. Oriental
6. Asian
98. Unknown
99. Other ________________

OFFENDER INFORMATION

(A07) Gender of offender
1. Male
2. Female

(A08) Relationship of offender to victim ________________

(A09) Date of Birth YY MM DD └──.──.──┘ OR (A10) Approximate age of alleged offender ________

(A11) Offender's Place of Birth: (Country) ________________________

(A12) Offender's Race ________________________

OTHER INFORMATION

(A13) Were the alleged victim and offender living in the same residence at the time of the incident?

1. YES (A14) How long have they been living together?
1. Less than 1 month
2. 1 – 12 months
3. 2 – 5 years
4. 6 – 10 years
5. More than 10 yrs.
95. Not applicable
98. Unknown

2. NO (A15) How long have they been living apart?
1. Less than 1 month
2. 1 – 12 months
3. 2 – 5 years
4. 6 – 10 years
5. More than 10 yrs.
95. Not applicabe
98. Unknown

98. Unknown

FOR CASES OF SPOUSAL ABUSE ONLY

(A16) Marital status of couple at the time of the incident

1. Single – never married/not co-habiting
2. Married
3. Common-law
4. Separated – previously married
5. Separated – previously common-law
6. Divorced
7. Widowed
95. Not applicable
98. Unknown
99. Other ________________

FOR CHILD ABUSE/NEGLECT CASES ONLY

(A17) Family status

1. Parents living together with child
2. Single parent FATHER living with child
3. Single parent MOTHER living with child
95. Not applicable
98. Unknown
99. Other ________________

PART B: Identification of Incident

Please complete one copy of Part B for each alleged victim.

(B01) Project Site

1. Alexis
2. Whitecourt
3. Athabasca (Town)
4. Athabasca (Calling Lake)

(B001) Reporting Agency

____

(B02) General description of incident (Please Print)

____

____

____

____

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____

(B03) Date of incident
YY MM DD
|___|___|___|

(B04) Time of incident

1. Morning
2. Afternoon
3. Evening (18:00 to 24:00)
4. Night (00:00 to 06:00)
98. Unknown

(B004) Location of incicent

1. Mutual home
2. Victim's home
3. Offender's home
4. Relative's home
5. Public location (specify) ______________________________
98. Unknown
99. Other (specify) ______________________________

(B05) Indicate the main type of incident (Select ONE only – most important)

1. Child abuse
2. Spouse abuse (FEMALE victim)
3. Spouse abuse (MALE victim)
4. General interspousal dispute/conflict
5. Abuse of parent
6. Conflict between children of same family
7. General parent–child dispute/conflict
99. Other (specify) ______________________________

(B06) Main nature of incident (Select ONE only – most important)

1. Homicide/death
2. Sexual abuse
3. Physical abuse
4. Threatened with assault/injury/personal harm
5. Emotional/psychological abuse
6. Financial exploitation
7. Neglect
8. Breach of the peace/recognizance/Restraining Order
9. Damage or Theft of property
99. Other (specify) ______________________________

(B07) Extent/severity of injuries (Select ONE only – most important)

1. None
2. Abrasions/cuts/minor bleeding
3. Bruises/swelling/redness
4. Black eye(s)
5. Broken bones/teeth/sprains
6. Unconscious
7. Internal injuries
8. Wounds requiring stitches
9. Knife/gun wounds
10. Burns
11. Death
98. Unknown/not noted
99. Other (specify) ______________________________

PART B: Identification of Incident (Continued)

Please complete one copy of PART B for each alleged victim.

(B08) Use of weapons as threat or actual use (Select ONE only – most important)

1. None
2. Fists or Hands (eg. for punching, slapping, grabbing)
3. Feet (eg. for kicking)
4. Knife or sharp object
5. Blunt object (specify if known) ____________
6. Firearm
7. Combination (Specify) ____________
98. Unknown
99. Other (specify) ____________

(B09) Was the alleged victim drinking at time of incident?

1. No
2. Yes, but not excessive
3. Yes, excessive
95. Not applicable
98. Unknown

(B10) Was the alleged offender drinking at the time of incident?

1. No
2. Yes, but not excessive
3. Yes, excessive
95. Not applicable
98. Unknown

(B11) Was the alleged victim abusing drugs at time of incident?

1. No
2. Yes, but not excessive
3. Yes, excessive
95. Not applicable
98. Unknown

(B12) Was the alleged offender abusing drugs at time of incident?

1. No
2. Yes, but not excessive
3. Yes, excessive
95. Not applicable
98. Unknown

(B13) Using the list below, circle THREE events that happened in this family that may have contributed IN THIS INCIDENT

1. Financial difficulties
2. Unemployment
3. Job or business pressures/problems
4. Eviction from residence
5. Recent relocation
6. Illness or serious injury in the family
7. Death in the family
8. Child custody/access dispute
9. Divorce/separation
10. Lack of family support system
11. Few social contacts outside home
99. Other (specify) ____________

(B14) Using the list below, circle THREE factors that may help to explain the BEHAVIOUR PATTERN of this family

1. Victim has emotional/behavioural problems
2. Victim suffers from physical illness/disability
3. Victim has mental handicap
4. Victim has history of substance abuse
5. Victim is adult child of alcoholic
6. Victim is adult victim of child abuse
7. Offender has emotional/behavioural problems
8. Offender suffers from physical illness/disability
9. Offender has mental handicap
10. Offender has history of substance abuse
11. Offender is adult child of an alcoholic
12. Offender is adult victim of child abuse
13. Offender has a lack of parenting skills
14. Cultural differences
99. Other (specify) ____________

PART C: Action Taken by ALEXIS WOMEN'S GROUP

Please complete one copy of PART C for each victim (only one copy is required if the incident is a general dispute without a clear victim).

(WGX01) Alexis Women's Group File No.: ____________

(WGX02) Date of initial Alexis Women's Group Involvement for this incident: YY MM DD ⌊__ . __ . __⌋

(WGX03) How did this incident first come to the attention of the Alexis Women's group?

1. Anonymous
2. Victim
3. Offender
4. Mother
5. Father
6. Other family member (Specify) ____________
7. Neighbour
8. Social Services
9. Mental Health
10. F.C.S.S.
11. Medical Doctor
12. Counselling service
13. Health Unit
14. Women's shelter
15. Community Health Representative
16. Court Services
17. Correction Services
18. School
19. AADAC
20. Police
21. Friendship center
22. Home visit
23. Crisis association
24. Daycare
25. Hospital
26. Friend
27. Private psychologist
28. Landlord
98. Unknown
99. Other (Specify) ____________

(WGX04) Main action by the Alexis Women's Group regarding alleged offender (Circle up to THREE – most important)

1. Discussed issue with offender
2. Discussed issue with other agency (Specify) ____________
3. Police involvement requested
4. Counselling provided
5. Referred to other local agency (Specify) ____________
6. Referred to other outside agency (Specify) ____________
96. Still under investigation
97. No action taken
98. Unknown
99. Other (specify) ____________

(WGX05) Main action by Alexis Women's group regarding alleged victim (Circle up to THREE – most important)

1. Counselling provided
2. Treatment for physical injuries advised
3. Informed victim of assistance available
4. Advised victim to lay charges
5. Advised victim to leave home
6. Referred to hospital
7. Referred to other local agency (Specify) ____________
8. Referred to other outside agency (Specify) ____________
96. Still under investigation
97. No action taken
98. Unknown
99. Other (specify) ____________

PART C: Action Taken by ALEXIS WOMEN'S GROUP (Continued)

(WGX06) Has Alexis Women's Group been involved with this family for similar incidents before?

1. Yes --- (WGX006) Approximately how many times before? ____________
2. No
98. Unknown

(WGX07) Final disposition/resolution of incident by Alexis Women's Group (Circle up to THREE – most important)

1. Continued involvement
2. Referred to other local agency (Specify) ____________
3. Referred to other outside agency (Specify) ____________
4. Requested that Police investigate
5. Requested that Child Welfare investigate
6. Case closed, no further action
98. Unknown
99. Other (Specify) ____________

(WGX08) Police/criminal court action resulting from incident (Circle up to THREE – most important)

1. Not applicable – i.e. no police/court involvement
2. Police investigating incident
3. Criminal charges PENDING
4. Criminal charges LAID
5. Court action pending
6. Offender fined (Specify amount) ____________
7. Offender placed on probation (Specify term) ____________
8. Offender sentenced to Jail (Specify term) ____________
9. Offender committed to Alberta (Psychiatric) Hospita
98. Unknown
99. Other (Specify) ____________

Comments ____________

Form completed by (please print)

Telephone number

PART C: Action Taken by WELLSPRING WOMEN'S ASSOCIATION

Please complete one copy of PART C for each victim (only one copy is required if the incident is a general dispute without a clear victim).

(WC01) Wellspring File No: ____________________

(WC02) Date of initial Wellspring Involvement for this incident: YY __ MM __ DD __

(WC03) How did this incident first come to the attention of Wellspring?

1. Anonymous
2. Victim
3. Offender
4. Mother
5. Father
6. Other family member (Specify) ____________________
7. Neighbour
8. Social Services
9. Mental Health
10. F.C.S.S.
11. Medical Doctor
12. Counselling service
13. Health Unit
14. Women's shelter
15. Community Health Representative
16. Court Services
17. Correction Services
18. School
19. AADAC
20. Police
21. Friendship center
22. Home visit
23. Crisis association
24. Daycare
25. Hospital
26. Friend
27. Private psychologist
28. Landlord
98. Unknown
99. Other (Specify) ____________________

(WC04) Main action by Wellspring regarding alleged offender (Circle up to THREE – most important)

1. Discussed issue with offender
2. Discussed issue with other agency (Specify) ____________________
3. Police involvement requested
4. Counselling provided
5. Referred to other local agency (Specify) ____________________
6. Referred to other outside agency (Specify) ____________________
96. Still under investigation
97. No action taken
98. Unknown
99. Other (specify) ____________________

(WC05) Main action by Wellspring regarding alleged victim (Circle up to THREE – most important)

1. Counselling provided
2. Accommodation provided
3. Informed victim of assistance available
4. Advised victim to lay charges
5. Advised victim to leave home
6. Life Skills training provided
7. Referred to other local agency (Specify) ____________________
8. Referred to other outside agency (Specify) ____________________
9. Child care provided
10. Transportation provided
11. Individual case advocacy
96. Still under investigation
97. No action taken
98. Unknown
99. Other (specify) ____________________

PART C: Action Taken by WELLSPRING WOMEN'S ASSOCIATION (Continued)

(WC06) Has Wellspring been involved with this family for similar incidents before?

1. Yes --- (WC006) Approximately how many times before? ______________
2. No
98. Unknown

(WC07) How did the woman hear about the shelter?

1. Friend/relative
2. Newspaper
3. Flyer or card from shelter
4. Telephone book
5. Family Doctor
6. Police
9. Other agency (Specify)

____

8. Fox Creek Hospital
9. Attended a talk at Welspring Women's Association
10. Has been here previously
98. Unknown
99. Other (Specify) ______________________________

(WC08) What was the type of admission?

1. Battered woman with children
2. Battered woman without children
3. Victim of sexual assault
4. Woman awaiting hospital admission or other specialized medical or social services
5. Woman experiencing problems with spouse, family or parents (non-battering)
6. No admission
98. Unknown
99. Other (Specify) ______________________________

(WC09) Mode of transportation to the shelter:

1. Own car
2. Taxi
3. Police
4. Lift from friend/neighbour/relative
5. Shelter staff
6. Shelter volunteer
7. Walked
8. Social Worker
9. None
98. Unknown
99. Other (Specify) ______________________________

(WC10) Number of nights woman spent at the shelter: __________

(WC11) Departure status:

1. Still in shelter
2. Return to spouse
3. Return to home without spouse
4. Second Stage housing
5. Another emergency shelter in Alberta
6. Living with friend/relative
7. In hospital
8. Independent living
9. Moved out of town
98. Unknown
99. Other (Specify) ______________________________

PART C: Action Taken by WELLSPRING WOMEN'S ASSOCIATION (Continued)

(WC12) Final disposition/resolution of incident by Wellspring (Circle up to THREE – most important)

1. Continued involvement
2. Referred to other local agency (Specify) ____________
3. Referred to other outside agency (Specify) ____________
4. Requested that Police investigate
5. Requested that Child Welfare investigate
6. Case closed, no further action
98. Unknown
99. Other (specify) ____________

(WC13) Police/criminal court action resulting from incident (Circle up to THREE – most important)

1. Not applicable – i.e. no police/court involvement
2. Police investigating incident
3. Criminal charges PENDING
4. Criminal charges LAID
5. Court action pending
6. Offender fined (Specify amount) ____________
7. Offender placed on probation (Specify term) ____________
8. Offender sentenced to Jail (Specify term) ____________
9. Offender committed to Alberta (Psychiatric) Hospital
98. Unknown
99. Other (specify) ____________

(WC14) Number of children admitted: ________

REMAINING QUESTIONS TO BE COMPLETED ONLY IF CHILDREN WERE ADMITTED

(WC15) Children's school status at time of admission:

1. Day care or not of school age
2. Kindergarten
3. Regular school (Public/Separate School System)
4. Special education (remedial or behavioural class)
5. School for the handicapped
95. Not applicable
98. Unknown
99. Other (specify) ____________

(WC16) Children referred to:

1. No referral
2. Child Welfare
3. Apprehension by Child Welfare
4. Assessment program
5. Community support program
6. Professional counselling
7. Alternative residential care (friends/relatives)
95. Not applicable
98. Unknown
99. Other (specify) ____________

(WC17) Has there been any Child Welfare status in the last two years?

1. Yes
2. No
95. Not applicable
98. Unknown

Comments ____________

____

Form completed by (please print)	Telephone number

Famwi35 (WC)

PART C: Action Taken by STONEY TRIBAL COUNSELLING (ALEXIS)

Please complete one copy of PART C for each victim (only one copy is required if the incident is a general dispute without a clear victim).

(STCX01) Stoney Tribal Counselling File No.: ____________________

(STCX02) Date of initial Stoney Tribal Counselling Involvement for this incident: YY MM DD ____ ____ ____

(STCX03) How did this incident first come to the attention of Stoney Tribal Counselling?

1. Anonymous
2. Victim
3. Offender
4. Mother
5. Father
6. Other family member (Specify) ____________________
7. Neighbour
8. Social Services
9. Mental Health
10. F.C.S.S.
11. Medical Doctor
12. Counselling service
13. Health Unit
14. Women's shelter
15. Community Health Representative
16. Court Services
17. Correction Services
18. School
19. AADAC
20. Police
21. Friendship center
22. Home visit
23. Crisis association
24. Daycare
25. Hospital
26. Friend
27. Private psychologist
28. Landlord
98. Unknown
99. Other (Specify) ____________________

(STCX04) Main action by Stoney Tribal Counselling regarding alleged offender
(Circle up to THREE – most important)

1. Discussed issue with offender
2. Discussed issue with other agency (Specify) ____________________
3. Police involvement requested
4. Counselling provided
5. Referred to other local agency (Specify) ____________________
6. Referred to other outside agency (Specify) ____________________
7. Entered Support Agreement
8. Entered Custody Agreement
96. Still under investigation
97. No action taken
98. Unknown
99. Other (specify) ____________________

(STCX05) Main action by Stoney Tribal Counselling regarding alleged victim
(Circle up to THREE – most important)

1. Counselling provided
2. Social Allowance provided
3. Informed victim of assistance available
4. Advised victim to lay charges
5. Advised victim to leave home
6. Provided support to victim (Support Agreement)
7. Referred to other local agency (Specify) ____________________
8. Referred to other outside agency (Specify) ____________________
96. Still under investigation
97. No action taken
98. Unknown
99. Other (specify) ____________________

PART C: Action Taken by STONEY TRIBAL COUNSELLING (ALEXIS) (Continued)

(STCX06) Has Stoney Tribal Counselling been involved with this family for similar incidents before?

1. Yes --- (STCX006) Approximately how many times before? ____________
2. No
98. Unknown

(STCX07) Final disposition/resolution of incident by Stoney Tribal Counselling (Circle up to THREE - most important)

1. Continued involvement/ not yet finalized
2. Referred to other local agency (Specify) ____________________
3. Referred to other outside agency (Specify) ____________________
4. Requested that Police investigate
5. Requested that Child Welfare investigate
6. Case closed, no further action
7. Child(ren) apprehended
8. Child(ren) returned to parent(s)
9. Agreement entered
98. Unknown
99. Other (Specify) ____________________

(STCX08) Police/criminal court action resulting from incident (Circle up to THREE - most important)

1. Not applicable - i.e. no police/ court involvement
2. Police investigating incident
3. Criminal charges PENDING
4. Criminal charges LAID
5. Court action pending
6. Offender fined (Specify amount) ____________________
7. Offender placed on probation (Specify term) ____________________
8. Offender sentenced to Jail (Specify term) ____________________
9. Offender committed to Alberta (Psychiatric) Hospital
98. Unknown
99. Other (Specify) ____________________

Comments ____________________

Form completed by (please print)	Telephone number

Famvi30 (STCX)

PART C: Action Taken by SOCIAL SERVICES (ALEXIS)

Please complete one copy of PART C for each victim (only one copy is required if the incident is a general dispute without a clear victim).

(SCX01) Social Services File No.: ____________________

(SCX02) Date of initial Social Services Involvement for this incident: YY ___ MM ___ DD ___

(SCX03) How did this incident first come to the attention of Social Services?

1. Anonymous
2. Victim
3. Offender
4. Mother
5. Father
6. Other family member (Specify) ____________________
7. Neighbour
8. Social Services
9. Mental Health
10. F.C.S.S.
11. Medical Doctor
12. Counselling service
13. Health Unit
14. Women's shelter
15. Community Health Representative
16. Court Services
17. Correction Services
18. School
19. AADAC
20. Police
21. Friendship center
22. Home visit
23. Crisis association
24. Daycare
25. Hospital
26. Friend
27. Private psychologist
28. Landlord
98. Unknown
99. Other (Specify) ____________________

(SCX04) Main action by Social Services regarding alleged offender (Circle up to THREE – most important)

1. Discussed issue with offender
2. Discussed issue with other agency (Specify) ____________________
3. Police involvement requested
4. Counselling provided
5. Referred to other local agency (Specify) ____________________
6. Referred to other outside agency (Specify) ____________________
7. Entered Support Agreement
8. Entered Custody Agreement
96. Still under investigation
97. No action taken
98. Unknown
99. Other (specify) ____________________

(SCX05) Main action by Social Services regarding alleged victim (Circle up to THREE – most important)

1. Counselling provided
2. Social Allowance provided
3. Informed victim of assistance available
4. Advised victim to lay charges
5. Advised victim to leave home
6. Provided support to victim (Support Agreement)
7. Referred to other local agency (Specify) ____________________
8. Referred to other outside agency (Specify) ____________________
96. Still under investigation
97. No action taken
98. Unknown
99. Other (specify) ____________________

PART C: Action Taken by SOCIAL SERVICES (ALEXIS) (Continued)

(SCX06) Has Social Services been involved with this family for similar incidents before?

1. Yes --- (SCX006) Approximately how many times before? ____________
2. No
98. Unknown

(SCX07) Final disposition/resolution of incident by Social Services (Circle up to THREE – most important)

1. Continued involvement / not yet finalized
2. Referred to other local agency (Specify) ____________
3. Referred to other outside agency (Specify) ____________
4. Requested that Police investigate
5. Requested that Child Welfare investigate
6. Case closed, no further action
7. Child(ren) apprehended
8. Child(ren) returned to parent(s)
9. Agreement entered
98. Unknown
99. Other (Specify) ____________

(SCX08) Police/criminal court action resulting from incident (Circle up to THREE – most important)

1. Not applicable – i.e. no police/ court involvement
2. Police investigating incident
3. Criminal charges PENDING
4. Criminal charges LAID
5. Court action pending
6. Offender fined (Specify amount) ____________
7. Offender placed on probation (Specify term) ____________
8. Offender sentenced to Jail (Specify term) ____________
9. Offender committed to Alberta (Psychiatric) Hospital
98. Unknown
99. Other (Specify) ____________

Comments ____________

Form completed by (please print)

Telephone number

Page 6

PART C: Action Taken by R.C.M.P. SPECIAL CONSTABLES (ALEXIS)

Please complete one copy of PART C for each victim (only one copy is required if the incident is a general dispute without a clear victim).

(RCX01) Special Constable File No.: ____________________

(RCX02) Date of initial Special Constable Involvement for this incident: YY ___ MM ___ DD ___

(RCX03) How did this incident first come to the attention of the Special Constable?

1. Anonymous
2. Victim
3. Offender
4. Mother
5. Father
6. Other family member (Specify) ____________________
7. Neighbour
8. Social Services
9. Mental Health
10. F.C.S.S.
11. Medical Doctor
12. Counselling service
13. Health Unit
14. Women's shelter
15. Community Health Representative
16. Court Services
17. Correction Services
18. School
19. AADAC
20. Police
21. Friendship center
22. Home visit
23. Crisis association
24. Daycare
25. Hospital
26. Friend
27. Private psychologist
28. Landlord
98. Unknown
99. Other (Specify) ____________________

(RCX04) Main action by the Special Constable regarding alleged offender (Circle up to THREE – most important)

1. Discussed issue with offender
2. Discussed issue with other agency (Specify) ____________________
3. Mediated dispute/cooled down situation
4. Charged offender (Specify) ____________________
5. Referred to other local agency (Specify) ____________________
6. Referred to other outside agency (Specify) ____________________
7. Advised offender to leave home
8. Removed offender from home
96. Still under investigation
97. No action taken
98. Unknown
99. Other (specify) ____________________

(RCX05) Main action by the Special Constable regarding alleged victim (Circle up to THREE – most important)

1. Discussed issue with victim
2. Mediated dispute/cooled down situation
3. Informed victim of assistance available
4. Advised victim to lay charges
5. Advised victim to leave home
6. Advised victim about restraining order
7. Referred to other local agency (Specify) ____________________
8. Referred to other outside agency (Specify) ____________________
9. Removed victim from home
10. Transported victim to hospital
11. Statement taken
12. Victim left home on own accord
96. Still under investigation
97. No action taken
98. Unknown
99. Other (specify) ____________________

Famwi25 (RCX)

PART C: Action Take by R.C.M.P. SPECIAL CONSTABLES (ALEXIS) (Continued)

(RCX06) Has the Special Constable been involved with this family for similar incidents before?

1. Yes --- (RCX006) Approximately how many times before? ____________
2. No
98. Unknown

(RCX07) Final disposition/resolution of incident by police (Circle up to THREE – most important)

1. Continued involvement/further investigation necessary
2. Referred to other local agency (Specify) ____________
3. Referred to other outside agency (Specify) ____________
4. Charges pending
5. Requested that Child Welfare investigate
6. Case closed, no further action
98. Unknown
99. Other (specify) ____________

(RCX08) Final offence status (Circle ONE only)

1. Not yet determined
2. Cleared by charge
3. Unfounded
4. Cleared otherwise
5. No charge laid
99. Other (specify) ____________

(RCX09) Court outcome/sentence (Circle up to THREE – most important)

1. Not applicable
2. Charge withdrawn/dismissed
3. Court decision pending
4. Offender fined (Specify amount) ____________
5. Offender placed on probation (Specify term) ____________
6. Offender sentenced to jail (Specify term) ____________
7. Offender committed to Alberta (Psychiatric) Hospital
98. Unknown
99. Other (specify) ____________

(RCX10) Does alleged offender have a previous criminal record?

1. Yes --- If Yes --- (RCX11) Alleged offender's past convictions:
   1. For related offences
   2. For unrelated offences
   95. Not applicable
   98. Unknown
2. No
98. Unknown

Comments ____________

____

____

Form completed by (please print)	Telephone number

Famvi25 (RCX)

PART C: Action Taken by R.C.M.P.

Please complete one copy of PART C for each victim (only one copy is required if the incident is a general dispute without a clear victim).

(RC01) R.C.M.P. File No.: ____________________

(RC02) Date of initial R.C.M.P. Involvement for this incident: YY MM DD |__|__|__|

(RC03) How did this incident first come to the attention of the R.C.M.P.?

1. Anonymous
2. Victim
3. Offender
4. Mother
5. Father
6. Other family member (Specify) ____________________
7. Neighbour
8. Social Services
9. Mental Health
10. F.C.S.S.
11. Medical Doctor
12. Counselling service
13. Health Unit
14. Women's shelter
15. Community Health Representative
16. Court Services
17. Correction Services
18. School
19. AADAC
20. Police
21. Friendship center
22. Home visit
23. Crisis association
24. Daycare
25. Hospital
26. Friend
27. Private psychologist
28. Landlord
98. Unknown
99. Other (Specify) ____________________

(RC04) Main action by the R.C.M.P. regarding alleged offender (Circle up to THREE – most important)

1. Discussed issue with offender
2. Discussed issue with other agency (Specify) ____________________
3. Mediated dispute/cooled down situation
4. Charged offender (Specify) ____________________
5. Referred to other local agency (Specify) ____________________
6. Referred to other outside agency (Specify) ____________________
7. Advised offender to leave home
8. Removed offender from home
96. Still under investigation
97. No action taken
98. Unknown
99. Other (specify) ____________________

(RC05) Main action by the R.C.M.P. regarding alleged victim (Circle up to THREE – most important)

1. Discussed issue with victim
2. Mediated dispute/cooled down situation
3. Informed victim of assistance available
4. Advised victim to lay charges
5. Advised victim to leave home
6. Advised victim about restraining order
7. Referred to other local agency (Specify) ____________________
8. Referred to other outside agency (Specify) ____________________
9. Removed victim from home
10. Transported victim to hospital
11. Statement taken
12. Victim left home on own accord
96. Still under investigation
97. No action taken
98. Unknown
99. Other (specify) ____________________

PART C: Action Taken by R.C.M.P. (Continued)

(RC06) Has the R.C.M.P. been involved with this family for similar incidents before?

1. Yes --- (RC006) Approximately how many times before? ____________
2. No
98. Unknown

(RC07) Final disposition/resolution of incident by police (Circle up to THREE – most important)

1. Continued involvement/further investigation necessary
2. Referred to other local agency (Specify) ____________
3. Referred to other outside agency (Specify) ____________
4. Charges pending
5. Requested that Child Welfare investigate
6. Case closed, no further action
98. Unknown
99. Other (specify) ____________

(RC08) Final offence status (Circle ONE only)

1. Not yet determined
2. Cleared by charge
3. Unfounded
4. Cleared otherwise
5. No charge laid
99. Other (specify) ____________

(RC09) Court outcome/sentence (Circle up to THREE – most important)

1. Not applicable
2. Charge withdrawn/dismissed
3. Court decision pending
4. Offender fined (Specify amount) ____________
5. Offender placed on probation (Specify term) ____________
6. Offender sentenced to jail (Specify term) ____________
7. Offender committed to Alberta (Psychiatric) Hospital
98. Unknown
99. Other (specify) ____________

(RC10) Does alleged offender have a previous criminal record?

1. Yes --- If Yes --- (RC11) Alleged offender's past convictions:
    1. For related offences
    2. For unrelated offences
    95. Not applicable
    98. Unknown
2. No
98. Unknown

Comments ____________

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Form completed by (please print)	Telephone number

Famvi-7 (RC)

PART C: Action Taken by SOCIAL SERVICES

Please complete one copy of PART C for each victim (only one copy is required if the incident is a general dispute without a clear victim).

(SC01) Social Services File No.: ____________________ (SC02) Date of Initial Social Services Involvement for this incident: YY ___ MM ___ DD ___

(SC03) How did this incident first come to the attention of Social Services?

1. Anonymous
2. Victim
3. Offender
4. Mother
5. Father
6. Other family member (Specify) ____________________
7. Neighbour
8. Social Services
9. Mental Health
10. F.C.S.S.
11. Medical Doctor
12. Counselling service
13. Health Unit
14. Women's shelter
15. Community Health Representative
16. Court Services
17. Correction Services
18. School
19. AADAC
20. Police
21. Friendship center
22. Home visit
23. Crisis association
24. Daycare
25. Hospital
26. Friend
27. Private psychologist
28. Landlord
98. Unknown
99. Other (Specify) ____________________

(SC04) Main action by Social Services regarding alleged victim (Circle up to THREE – most important)

1. Discussed issue with offender
2. Discussed issue with other agency (Specify) ____________________
3. Police involvement requested
4. Counselling provided
5. Referred to other local agency (Specify) ____________________
6. Referred to other outside agency (Specify) ____________________
7. Entered Support Agreement
8. Entered Custody Agreement
96. Still under investigation
97. No action taken
98. Unknown
99. Other (specify) ____________________

(SC05) Main action by Social Services regarding alleged victim (Circle up to THREE – most important)

1. Counselling provided
2. Social Allowance provided
3. Informed victim of assistance available
4. Advised victim to lay charges
5. Advised victim to leave home
6. Provided support to victim (Support Agreement)
7. Referred to other local agency (Specify) ____________________
8. Referred to other outside agency (Specify) ____________________
96. Still under investigation
97. No action taken
98. Unknown
99. Other (specify) ____________________

PART C: Action Taken by Social Services (Continued)

(SC06) Has Social Services been involved with this family for similar incidents before?

1. Yes --- (SC006) Approximately how many times before? ______________
2. No
98. Unknown

(SC07) Final disposition/resolution of incident by Social Services (Circle up to THREE – most important)

1. Continued involvement/ not yet finalized
2. Referred to other local agency (Specify)
____
3. Referred to other outside agency (Specify)
____
4. Requested that Police investigate
5. Requested that Child Welfare investigate
6. Case closed, no further action
7. Child(ren) apprehended
8. Child(ren) returned to parent(s)
9. Agreement entered
98. Unknown
99. Other (specify)
____

(SC08) Police/criminal court action resulting from incident (Circle up to THREE – most important)

1. Not applicable – i.e. police/ court involvement
2. Police investigating incident
3. Criminal charges PENDING
4. Criminal charges LAID
5. Court action pending
6. Offender fined (Specify amount)
____
7. Offender placed on probation (Specify term)
____
8. Offender sentenced to jail (Specify term)
____
9. Offender committed to Alberta (Psychiatric) Hospital
10. Offender referred to Hospital
98. Unknown
99. Other (specify)
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Comments ______________________________

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Form completed by (Please print)	Telephone number

Famvi10 (SC)

Page 6

PART C: Action Taken by PROBATION

Please complete one copy of PART C for each victim (only one copy is required if the incident is a general dispute without a clear victim).

(PC01) Probation File No.: ____________________

(PC02) Date of initial Probation Involvement for this incident: YY MM DD ___ ___ ___

(PC03) How did this incident first come to the attention of Probation?

1. Anonymous
2. Victim
3. Offender
4. Mother
5. Father
6. Other family member (Specify) ____________________
7. Neighbour
8. Social Services
9. Mental Health
10. F.C.S.S.
11. Medical Doctor
12. Counselling service
13. Health Unit
14. Women's shelter
15. Community Health Representative
16. Court Services
17. Correction Services
18. School
19. AADAC
20. Police
21. Friendship center
22. Home visit
23. Crisis association
24. Daycare
25. Hospital
26. Friend
27. Private psychologist
28. Landlord
98. Unknown
99. Other (Specify) ____________________

(PC04) Main action by Probation regarding alleged offender (Circle up to THREE – most important)

1. Discussed issue with offender
2. Discussed issue with other agency (Specify) ____________________
3. Police involvement requested
4. Counselling provided – Probation Order
5. Referred to other local agency (Specify) ____________________
6. Referred to other outside agency (Specify) ____________________
7. Probation Order – must report
8. Probation Order – community service
9. Referred to consulting psychologist
96. Still under investigation
97. No action taken
98. Unknown
99. Other (Specify) ____________________

(PC05) Main action by Probation regarding alleged victim (Circle up to THREE – most important)

1. Discussed incident with victim alone
2. Counselled victim and offender together
3. Referred to other local agency (Specify) ____________________
4. Referred to other outside agency (Specify) ____________________
96. Still under investigation
97. No action taken
98. Unknown
99. Other (specify) ____________________

PART C: Action Taken by PROBATION (Continued)

(PC06) Has Probation been involved with this family for similar incidents before?

1. Yes --- (PC006) Approximately how many times before? ____________
2. No
98. Unknown

(PC07) Final disposition/resolution of incident by Probation (Circle up to THREE – most important)

1. Continued involvement
2. Referred to other local agency (Specify) ____________
3. Referred to other outside agency (Specify) ____________
4. Requested that Police investigate
5. Requested that Child Welfare investigate
6. Case closed, successful (no further action)
7. Case closed, unsuccessful, new charges
8. Case closed, probation breach filed
98. Unknown
99. Other (specify) ____________

(PC08) Police/criminal court action resulting from incident (Circle up to THREE – most important)

1. Not applicable – i.e. no police/court involvement
2. Police investigating incident
3. Criminal charges PENDING
4. Criminal charges LAID
5. Court action pending
6. Offender fined (Specify amount) ____________
7. Offender placed on probation (Specify term) ____________
8. Offender sentenced to jail (Specify term) ____________
98. Unknown
99. Other (specify) ____________

Comments ____________

Form completed by (please print)	Telephone number

PART C: Action Taken by MENTAL HEALTH SERVICES

Please complete one copy of PART C for each victim (only one copy is required if the incident is a general dispute without a clear victim).

(MC01) Mental Health Services File No.: ________________

(MC02) Date of initial Mental Health Services Involvement for this incident: YY MM DD

(MC03) How did this incident first come to the attention of Mental Health Services?

1. Anonymous
2. Victim
3. Offender
4. Mother
5. Father
6. Other family member (Specify) ________________
7. Neighbour
8. Social Services
9. Mental Health
10. F.C.S.S.
11. Medical Doctor
12. Counselling service
13. Health Unit
14. Women's shelter
15. Community Health Representative
16. Court Services
17. Correction Services
18. School
19. AADAC
20. Police
21. Friendship center
22. Home visit
23. Crisis association
24. Daycare
25. Hospital
26. Friend
27. Private psychologist
28. Landlord
98. Unknown
99. Other (Specify) ________________

(MC04) Main action by Mental Health Services regarding alleged offender (Circle up to THREE - most important)

1. Discussed issue with offender
2. Discussed issue with other agency (Specify) ________________
3. Police involvement requested
4. Counselling provided
5. Referred to other local agency (Specify) ________________
6. Referred to other outside agency (Specify) ________________
7. Referred to treatment program
8. Follow-up visit(s) offered
96. Still under investigation
97. No action taken
98. Unknown
99. Other (specify) ________________

(MC05) Main action by Mental Health Services regarding alleged victim (Circle up to THREE - most important)

1. Counselling provided
2. Accommodations provided
3. Informed victim of assistance available
4. Advised victim to lay charges
5. Advised victim to leave home
6. Life Skills training provided
7. Referred to other local agency (Specify) ________________
8. Referred to other outside agency (Specify) ________________
9. Referred to treatment program
10. Child Welfare notified
11. Follow-up visit(s) offered
96. Still under investigation
97. No action taken
98. Unknown
99. Other (specify) ________________

PART C: Action Taken by MENTAL HEALTH SERVICES (Continued)

(MC06) Has Mental Health Services been involved with this family for similar incidents before?

1. Yes --- (MC006) Approximately how many times before? ____________
2. No
98. Unknown

(MC07) Final disposition/resolution of incident by Mental Health Services (Circle up to THREE - most important)

1. Continued involvement
2. Referred to other local agency (Specify) ____________
3. Referred to other outside agency (Specify) ____________
4. Requested that Police investigate
5. Requested that Child Welfare investigate
6. Case closed, no further action
98. Unknown
99. Other (specify) ____________

(MC08) Police/criminal court action resulting from incident (Circle up to THREE - most important)

1. Not applicable - i.e. no police/court involvement
2. Police investigating incident
3. Criminal charges PENDING
4. Criminal charges LAID
5. Court action pending
6. Offender fined (Specify amount) ____________
7. Offender placed on probation (Specify term) ____________
8. Offender sentenced to jail (Specify term) ____________
9. Offender committed to Alberta (Psychiatric) Hospital
98. Unknown
99. Other (specify) ____________

Comments ____________

Form completed by (please print)	Telephone number

Famvi14 (MC)

PART C: Action Taken by HOSPITAL

Please complete one copy of PART C for each victim (only one copy is required if the incident is a general dispute without a clear victim).

(HC01) Hospital File No.: ____________________

(HC02) Date of initial Hospital Involvement for this incident: YY MM DD

(HC03) How did this incident first come to the attention of the Hospital?

1. Anonymous
2. Victim
3. Offender
4. Mother
5. Father
6. Other family member (Specify) ____________________
7. Neighbour
8. Social Services
9. Mental Health
10. F.C.S.S.
11. Medical Doctor
12. Counselling service
13. Health Unit
14. Women's shelter
15. Community Health Representative
16. Court Services
17. Correction Services
18. School
19. AADAC
20. Police
21. Friendship center
22. Home visit
23. Crisis association
24. Daycare
25. Hospital
26. Friend
27. Private psychologist
28. Landlord
98. Unknown
99. Other (Specify) ____________________

(HC04) Main action by Hospital regarding alleged offender (Circle up to THREE – most important)

1. Discussed issue with offender
2. Discussed issue with other agency (Specify) ____________________
3. Police involvement requested
4. Counselling provided
5. Referred to other local agency (Specify) ____________________
6. Referred to other outside agency (Specify) ____________________
96. Still under investigation
97. No action taken
98. Unknown
99. Other (specify) ____________________

(HC05) Main action by Hospital regarding alleged victim (Circle up to THREE – most important)

1. Counselling provided
2. Treatment for physical injuries provided
3. Informed victim of assistance available
4. Advised victim to lay charges
5. Advised victim to leave home
6. Admitted to hospital
7. Referred to other local agency (Specify) ____________________
8. Referred to other outside agency (Specify) ____________________
96. Still under investigation
97. No action taken
98. Unknown
99. Other (specify) ____________________

PART C: Action Taken by HOSPITAL (Continued)

(HC06) Has the Hospital been involved with this family for similar incidents before?

1. Yes --- (HC006) Approximately how many times before? ____________
2. No
98. Unknown

(HC07) Final disposition/resolution of incident by hospital (Circle up to THREE – most important)

1. Continued involvement/further treatment necessary
2. Referred to other local agency (Specify) ____________
3. Referred to other outside agency (Specify) ____________
4. Requested that Police investigate
5. Requested that Child Welfare investigate
6. Case closed, no further action
98. Unknown
99. Other (specify) ____________

(HC08) Police/criminal court action resulting from incident (Circle up to THREE – most important)

1. Not applicable – i.e. no police/court involvement
2. Police investigating incident
3. Criminal charges PENDING
4. Criminal charges LAID
5. Court action pending
6. Offender fined (Specify amount) ____________
7. Offender placed on probation (Specify term) ____________
8. Offender sentenced to jail (Specify term) ____________
9. Offender committed to Alberta (Psychiatric) Hospital
98. Unknown
99. Other (specify) ____________

Comments ____________

Form completed by (please print)	Telephone number

PART C: Action Taken by HEALTH UNIT

Please complete one copy of PART C for each victim (only one copy is required if the incident is a general dispute without a clear victim).

(UC01) Health Unit File No.: ____________________

(UC02) Date of initial Health Unit Involvement for this incident: YY MM DD |__ . __ . __|

(UC03) How did this incident first come to the attention of the Health Unit?

1. Anonymous
2. Victim
3. Offender
4. Mother
5. Father
6. Other family member (Specify) ____________________
7. Neighbour
8. Social Services
9. Mental Health
10. F.C.S.S.
11. Medical Doctor
12. Counselling service
13. Health Unit
14. Women's shelter
15. Community Health Representative
16. Court Services
17. Correction Services
18. School
19. AADAC
20. Police
21. Friendship center
22. Home visit
23. Crisis association
24. Daycare
25. Hospital
26. Friend
27. Private psychologist
28. Landlord
98. Unknown
99. Other (Specify) ____________________

(UC04) Main action by the Health Unit regarding alleged offender (Circle up to THREE – most important)

1. Discussed issue with offender
2. Discussed issue with other agency (Specify) ____________________
3. Police involvement requested
4. Counselling provided
5. Referred to other local agency (Specify) ____________________
6. Referred to other outside agency (Specify) ____________________
96. Still under investigation
97. No action taken
98. Unknown
99. Other (specify) ____________________

(UC05) Main action by the Health Unit regarding alleged victim (Circle up to THREE – most important)

1. Counselling provided
2. Nursing Home placement provided
3. Informed victim of assistance available
4. Advised victim to lay charges
5. Advised victim to leave home
6. Life Skills training provided
7. Referred to other local agency (Specify) ____________________
8. Referred to other outside agency (Specify) ____________________
9. Child care provided
10. Transportation provided
11. Individual case advocacy
96. Still under investigation
97. No action taken
98. Unknown
99. Other (specify) ____________________

PART C: Action Taken by HEALTH UNIT (Continued)

(UC06) Has the Health Unit been involved with this family for similar incidents before?

1. Yes --- (UC006) Approximately how many times before? ____________
2. No
98. Unknown

(UC07) Final disposition/resolution of incident by the Health Unit (Circle up to THREE – most important)

1. Continued involvement
2. Referred to other local agency (Specify) ____________
3. Referred to other outside agency (Specify) ____________
4. Requested that Police investigate
5. Requested that Child Welfare investigate
6. Case closed, no further action
98. Unknown
99. Other (specify) ____________

(UC08) Police/criminal court action resulting from incident (Circle up to THREE – most important)

1. Not applicable i.e. no police/court involvement
2. Police investigating incident
3. Criminal charges PENDING
4. Criminal charges LAID
5. Court action pending
6. Offender fined (Specify amount) ____________
7. Offender placed on probation (Specify term) ____________
8. Offender sentenced to jail (Specify term) ____________
9. Offender committed to Alberta (Psychiatric) Hospital
98. Unknown
99. Other (specify) ____________

Comments ____________

Form completed by (please print)	Telephone number

PART C: Action Taken by F.C.S.S.

Please complete one copy of PART C for each victim (only one copy is required if the incident is a general dispute without a clear victim).

(FC01) F.C.S.S. File No.: ____________________

(FC02) Date of initial F.C.S.S. Involvement for this incident: YY MM DD

(FC03) How did this incident first come to the attention of F.C.S.S.?

1. Anonymous
2. Victim
3. Offender
4. Mother
5. Father
6. Other family member (Specify) ____________________
7. Neighbour
8. Social Services
9. Mental Health
10. F.C.S.S.
11. Medical Doctor
12. Counselling service
13. Health Unit
14. Women's shelter
15. Community Health Representative
16. Court Services
17. Correction Services
18. School
19. AADAC
20. Police
21. Friendship center
22. Home visit
23. Crisis association
24. Daycare
25. Hospital
26. Friend
27. Private psychologist
28. Landlord
98. Unknown
99. Other (Specify) ____________________

(FC04) Main action by F.C.S.S. regarding alleged offender (Circle up to THREE – most important)

1. Discussed issue with offender
2. Discussed issue with other agency (Specify) ____________________
3. Police involvement requested
4. Counselling provided
5. Referred to other local agency (Specify) ____________________
6. Referred to other outside agency (Specify) ____________________
96. Still under investigation
97. No action taken
98. Unknown
99. Other (specify) ____________________

(FC05) Main action by F.C.S.S. regarding alleged victim (Circle up to THREE – most important)

1. Counselling provided
2. Accommodation provided
3. Informed victim of assistance available
4. Advised victim to lay charges
5. Advised victim to leave home
6. Life Skills training provided
7. Referred to other local agency (Specify) ____________________
8. Referred to other outside agency (Specify) ____________________
9. Child care provided
10. Transportation provided
11. Individual case advocacy
96. Still under investigation
97. No action taken
98. Unknown
99. Other (specify) ____________________

PART C: Action Taken by F.C.S.S. (Continued)

(FC06) Has F.C.S.S. been involved with this family for similar incidents before?

1. Yes --- (FC006) Approximately how many times before? ____________
2. No
98. Unknown

(FC07) Final disposition/resolution of incident by F.C.S.S. (Circle up to THREE - most important)

1. Continued involvement
2. Referred to other local agency (Specify) ____________
3. Referred to other outside agency (Specify) ____________
4. Requested that Police investigate
5. Requested that Child Welfare investigate
6. Case closed, no further action
98. Unknown
99. Other (specify) ____________

(FC08) Police/Criminal Court action resulting from incident (Circle up to THREE - most important)

1. Not applicable i.e. no police/court involvement
2. Police investigating incident
3. Criminal charges PENDING
4. Criminal charges LAID
5. Court action pending
6. Offender fined (Specify amount) ____________
7. Offender placed on probation (Specify term) ____________
8. Offender sentenced to jail (Specify term) ____________
9. Offender committed to Alberta (Psychiatric) Hospital
98. Unknown
99. Other (specify) ____________

Comments ____________

Form completed by (please print)	Telephone number

Famvi20 (FC)

PART C: Action Taken by CHILD PROTECTION (ALEXIS)

Please complete one copy of PART C for each victim (only one copy is required if the incident is a general dispute without a clear victim).

(CPX01) Child Protection File No.: ____________________

(CPX02) Date of initial Child Protection Involvement for this incident: YY . MM . DD

(CPX03) How did this incident first come to the attention of Child Protection?

1. Anonymous
2. Victim
3. Offender
4. Mother
5. Father
6. Other family member (Specify) ____________________
7. Neighbour
8. Social Services
9. Mental Health
10. F.C.S.S.
11. Medical Doctor
12. Counselling service
13. Health Unit
14. Women's shelter
15. Community Health Representative
16. Court Services
17. Correction Services
18. School
19. AADAC
20. Police
21. Friendship center
22. Home visit
23. Crisis association
24. Daycare
25. Hospital
26. Friend
27. Private psychologist
28. Landlord
98. Unknown
99. Other (Specify) ____________________

(CPX04) Main action by Child Protection regarding alleged offender (Circle up to THREE – most important)

1. Discussed issue with offender
2. Discussed issue with other agency (Specify) ____________________
3. Police involvement requested
4. Counselling provided
5. Referred to other local agency (Specify) ____________________
6. Referred to other outside agency (Specify) ____________________
7. Entered Support Agreement
8. Entered Custody Agreement
96. Still under investigation
97. No action taken
98. Unknown
99. Other (Specify) ____________________

(CPX05) Main action by Child Protection regarding alleged victim (Circle up to THREE – most important)

1. Counselling provided
2. Social Allowance provided
3. Informed victim of assistance available
4. Advised victim to lay charges
5. Advised victim to leave home
6. Provided support to victim (Support Agreement)
7. Referred to other local agency (Specify) ____________________
8. Referred to other outside agency (Specify) ____________________
96. Still under investigation
97. No action taken
98. Unknown
99. Other (Specify) ____________________

PART C: Action Taken by CHILD PROTECTION (ALEXIS) (Continued)

(CPX06) Has Child Protection been involved with this family for similar incidents before?

1. Yes --- (CPX006) Approximately how many times before? ____________
2. No
98. Unknown

(CPX07) Final disposition/resolution of incident by Child Protection (Circle up to THREE – most important)

1. Continued involvement/not yet finalized
2. Referred to other local agency (Specify) ____________
3. Referred to other outside agency (Specify) ____________
4. Requested that Police investigate
5. Requested that Child Welfare investigate
6. Case closed, no further action
7. Child(ren) apprehended
8. Child(ren) returned to parent(s)
9. Agreement entered
98. Unknown
99. Other (specify) ____________

(CPX08) Police/criminal court action resulting from incident (Circle up to THREE – most important)

1. Not applicable – i.e. no police/court involvement
2. Police investigating incident
3. Criminal charges PENDING
4. Criminal charges LAID
5. Court action pending
6. Offender fined (Specify amount) ____________
7. Offender placed on probation (Specify term) ____________
8. Offender sentenced to jail (Specify term) ____________
9. Offender committed to Alberta (Psychiatric) Hospital
98. Unknown
99. Other (specify) ____________

Comments ____________

Form completed by (please print)	Telephone number

PART C: Action Taken by COMMUNITY HEALTH SERVICES (ALEXIS)

Please complete one copy of PART C for each victim (only one copy is required if the incident is a general dispute without a clear victim).

(XC01) CHR File No.: ____________________

(XC02) Date of initial CHR Involvement for this incident: YY MM DD

(XC03) How did this incident first come to the attention of the CHR?

1. Anonymous
2. Victim
3. Offender
4. Mother
5. Father
6. Other family member (Specify) ____________________
7. Neighbour
8. Social Services
9. Mental Health
10. F.C.S.S.
11. Medical Doctor
12. Counselling service
13. Health Unit
14. Women's shelter
15. Community Health Representative
16. Court Services
17. Correction Services
18. School
19. AADAC
20. Police
21. Friendship center
22. Home visit
23. Crisis association
24. Daycare
25. Hospital
26. Friend
27. Private psychologist
28. Landlord
98. Unknown
99. Other (Specify) ____________________

(XC04) Main action by CHR regarding alleged offender (Circle up to THREE – most important)

1. Discussed issue with offender
2. Discussed issue with other agency (Specify) ____________________
3. Police involvement requested
4. Counselling provided
5. Referred to other local agency (Specify) ____________________
6. Referred to other outside agency (Specify) ____________________
96. Still under investigation
97. No action taken
98. Unknown
99. Other (specify) ____________________

(XC05) Main action by CHR regarding alleged victim (Circle up to THREE – most important)

1. Counselling provided
2. Accommodation provided
3. Informed victim of assistance available
4. Advised victim to lay charges
5. Advised victim to leave home
6. Life Skills training provided
7. Referred to other local agency (Specify) ____________________
8. Referred to other outside agency (Specify) ____________________
9. Child care provided
10. Transportation provided
96. Still under investigation
97. No action taken
98. Unknown
99. Other (specify) ____________________

PART C: Action Taken by COMMUNITY HEALTH SERVICES (ALEXIS) (Continued)

(XC06) Has CHR been involved with this family for similar incidents before?

1. Yes --- (XC006) Approximately how many times before? ____________
2. No
98. Unknown

(XC07) Final disposition/resolution of incident by CHR (Circle up to THREE – most important)

1. Continued involvement
2. Referred to other local agency (Specify) ____________
3. Referred to other outside agency (Specify) ____________
4. Requested that Police investigate
5. Requested that Child Welfare investigate
6. Case closed, no further action
98. Unknown
99. Other (specify) ____________

(XC08) Police/criminal court action resulting from incident (Circle up to THREE – most important)

1. Not applicable – i.e. no police/court involvement
2. Police investigating incident
3. Criminal charges PENDING
4. Criminal charges LAID
5. Court action pending
6. Offender fined (Specify amount) ____________
7. Offender placed on probation (Specify term) ____________
8. Offender sentenced to Jail (Specify term) ____________
9. Offender committed to Alberta (Psychiatric) Hospital
98. Unknown
99. Other (specify) ____________

Comments ____________

Form completed by (please print)	Telephone number

NORTHERN ALBERTA FAMILY VIOLENCE STUDY
VICTIM SURVEY
FAMILY VIOLENCE
SOCIAL AGENCY FORM

·FAMILY NO. _______________ INCIDENT NO. _______________

PART A: INCIDENT CHARACTERISTICS

LOCATION:

01 Alexis
02 Whitecourt
03 Athabasca, Town
04 Athabasca, Calling Lake

GENDER OF VICTIM:

01 Female
02 Male

GENDER OF OFFENDER:

01 Female
02 Male

DATE OF INCIDENT:

The first few questions deal with the incident that occurred on _______________ .(year/month/day) They are designed to help us determine what happened and why. As well, we want to better understand how and what you felt after this incident.

AGENCY CONNECTION:

01 R.C.M.P.
02 Social Services
03 Mental Health Services
04 Probation (Community Corrections)
05 Hospital
06 Health Unit
07 Wellspring Women's Association
08 F.C.S.S.

ALEXIS ONLY

09 R.C.M.P. Special Constable
10 Social Services
11 Stoney Tribal Counselling
12 Community Health Services
13 Child Protection
14 Alexis Women's Group

Personal introduction based on agency description of incident.

e.g. Can you tell me a little about what happened when you called ______________________________ because your husband tried to take the children.

What happened? Were you:

01 Threatened
02 Hurt
03 Threatened and hurt
87 Other (specify) ______________________________

How did your (spouse/partner) hurt you?

Threats of Violence: *** (Select 3)

01 Physical movement restricted
02 Intentionally interrupted, eating/sleeping
03 Directed anger at or threatened pets
04 Threatened to hit or throw something at victim
05 Threatened victim with a knife, gun, or other weapons (specify) ______________________________
06 Threw, hit or kicked something
07 Drove recklessly to frighten victim
08 Directed anger at or threatened the children
09 Threatened to take the children
10 Threatened suicide
11 Threatened to murder victim
12 Threatened with deportation/immigration
87 Other threat(s) (specify) ______________________________
99 Not applicable

Direct Violence: ** (Select 2)

01 Threw something at victim
02 Pushed, carried, restrained, grabbed, shoved, wrestled victim
03 Bit or scratched victim
04 Slapped or spanked victim
05 Threw victim bodily
87 Other (specify) ______________________________
99 Not applicable

Severe Violence: ** (Select 2)

01 Choked or strangled victim
02 Physically forced sex on victim
03 Punched or kicked victim
04 Burned victim
05 Beat victim (unconscious)
06 Used a weapon
87 Other (specify) ____________________
____
____

99 Not applicable

How were you injured? * (Select 3)**

01 Not injured --------> **GO TO Q.**
02 Burns
03 Abrasions/cuts
04 Bruises/swelling/welts
05 Wound needing stitches
06 Black eye(s)
07 Knife cuts/stab wounds
08 Broken bones/teeth/sprains
09 Internal injuries
10 Unconscious, head injuries, concussion
11 Gun wounds
12 Psychological trauma requiring treatment
87 Other injuries (specify) ____________________
____
____

88 Don't know
99 Not applicable
00 No response

Was anyone else around when it happened (eg. in the house) and if so, who ?

01 No --------> **GO TO Q.**
02 Yes, children
03 Yes, other adults
04 Yes, children & adults
88 Don't know
99 Not applicable
00 No response

Was anyone else hurt?

01 Yes --------> **GO TO Q.**
02 No --------> **GO TO Q.**
88 Don't know
99 Not applicable
00 No response

Was anyone else threatened?

01 Yes
02 No
88 Don't know
99 Not applicable
00 No response

Who was that person?

01 Your child(ren)
02 Someone else's child(ren)
03 (Adult) Relative(s)
04 (Adult) Friend(s)/Neighbor(s)
05 (Adult) Stranger(s)
06 Any combination of above (specify)____________________
87 Other (specify)______________________________
88 Don't know
99 Not applicable
00 No response

How were they hurt? *** (Select 3)

01 Not injured
02 Burns
03 Abrasions/cuts
04 Bruises/swelling/welts
05 Wound needing stitches
06 Black eye(s)
07 Knife cuts/stab wounds
08 Broken bones/teeth/sprains
09 Internal injuries
10 Unconscious/head injuries/concussion
11 Gun wounds
12 Psychological trauma involving treatment
87 Other injuries
88 Don't know
99 Not applicable
00 No response

Did you and/or any others require emergency medical treatment? (ie. did you go to a doctor or the hospital immediately following the attack?)

01 Yes, victim only
02 Yes, victim and others
03 Yes, others only
04 No
88 Don't know
99 Not applicable
00 No response

Were you pregnant when this happened ?

01 Yes
02 No
03 Suspected
88 Don't know
99 Not applicable
00 No response

If yes, did abuse (incident, situation) affect the pregnancy?

01 No
02 Yes, terminated pregnancy
03 Yes, required medical attention
04 Yes, caused severe pain/discomfort

Why do you think he did this ? (ie. in your opinion, what caused this incident?

01 No apparent cause 1. ________

02 Offender's drinking

03 My (victim's) drinking 2. ________

04 Offender's drug use

05 My (victim's) drug use 3. ________

06 Financial difficulties

07 Work frustration

08 An argument that got out of control

09 Offender is the type of person that cannot control temper

10 Jealousy

11 Property dispute

12 Fight over child(ren)

13 My (victim's) behavioral problems

14 Offender's behavioral problems

15 Separation/divorce in process

16 Physical illness/disability

17 Mental handicap, victim

18 Mental handicap, offender

19 Offender was afraid that I would leave him

87 Other (specify)____

____

____

88 Don't know

99 Not applicable

00 No response

PART B: IMPACT/EFFECTS OF ABUSE

As you may know, people can react in many different ways to their personal experience with violence. I would like to ask you how you reacted IMMEDIATELY AFTER the incident we are discussing now?

(PROMPT WITH) Would you say you were .....

(READ LIST AND CHECK ALL THAT APPLY)

	01 YES	02 NO
Nervous/scared		
Crying or shaking		
Angry		
Hysterical		
Afraid for your safety		
Afraid for your child(ren)'s safety (if any)		
Confused or in a state of shock		
Physically sick or nauseous		
Headaches		
Afraid that it would happen again		
Feelings of sadness, disappointment and hurt that it happened		
Feelings of inadequacy and powerlessness		
Feelings of betrayal		

Other (specify) ______________________________

7

In the time since the incident, have you experienced any LASTING EFFECTS such as:

(READ AND CHECK ALL THAT APPLY)

	01 YES	02 NO
Nervousness	______	______
Crying or shaking	______	______
Fear of being alone	______	______
Fear of entering your home	______	______
Fear of going out at night	______	______
Anger	______	______
Memory loss	______	______
Confusion or state of shock	______	______
Physical sickness or nausea	______	______
Trouble sleeping/Nightmares	______	______
Headaches	______	______
Lack of appetite	______	______
Feelings of sadness, disappointment and hurt that it happened	______	______
Feelings of inadequacy and powerlessness	______	______
Feelings of betrayal	______	______

Other (specify) ____

____

____

____

____

____

____

PART C: AGENCY CONTACT

AS I MENTIONED BEFORE, THE MAIN PURPOSE OF CONDUCTING THIS STUDY IS TO FIND OUT WHETHER MORE CAN BE DONE, OR SHOULD BE DONE BY THE COMMUNITY TO HELP PEOPLE WHO HAVE BEEN VICTIMS OF VIOLENCE. Therefore, I would like to ask you some questions concerning your contact with community service agencies.

AGENCY OF INITIAL CONTACT: ______________________________

Who referred you to the Agency ?

01 Social Services
02 Mental Health
03 F.C.S.S.
04 Medical Doctor
05 Counselling Service
06 Health Unit
07 Women's Shelter
08 Community Health Rep.
09 Court Services
10 Correction Services
11 School
12 AADAC
13 R.C.M.P /Police
14 Friendship Center
15 Crisis Association
16 Hospital
17 Private Psychologist
18 Self referral
87 Other (specify)
____
88 Don't know
99 Not applicable
00 No response

What type of contact did you first have with this Agency ?

01 Phone only
02 Office visit
03 Home visit
88 Don't know
99 Not applicable
00 No response

When did you first have contact with this Agency?

01 At time of crisis
02 At a later time
88 Don't know
99 Not applicable
00 No response

Did you make an appointment to see someone at the agency?

01 Yes -------> Go to Q.
02 No
88 Don't know
99 Not applicable
00 No response

How long did you have to wait before seeing someone?

01 Within 2 weeks
02 2 - 4 weeks
03 4 - 6 weeks
04 6 weeks +
88 Don't know
99 Not applicable
00 No response

Was your contact with a

01 Male Agency Worker
02 Female Agency Worker
03 Both
88 Don't know
99 Not applicable
00 No response

Would you have preferred a

01 Male Agency Worker
02 Female Agency Worker
03 Both
88 Don't know
99 Not applicable
00 No response

Did the Agency Worker suggest ways to help you?

01 Yes --------> GO TO Q.
02 No --------> GO TO Q.
88 Don't know
99 Not applicable
00 No response

(YES) What type of help?

01 Financial
02 Transportation
03 Shelter
04 Counselling
05 Child Care
06 Provided written information (brochures, pamphlets)
87 Other (specify)____
88 Don't know
99 Not applicable
00 No response

Did you get help quickly?

01 Yes
02 No
88 Don't know
99 Not applicable
00 No response

How satisfied were you with the services you received?

Very Dissatisfied Very Satisfied DK NR
1 2 3 4 5 6 7 88 00

Overall, did you think the Agency Worker was helpful to you?

01 Yes --------> GO TO Q.
02 No --------> GO TO Q.
88 Don't know
99 Not applicable
00 No response

(NO) Why not?

01 Took the offender's side
02 Too brusque, insensitive
03 Didn't believe me
04 Saw it as another domestic dispute
88 Don't know
99 Not applicable
00 No response

How many times did you go to the Agency for help?

01 1 - 2 times
02 3 - 7 times
03 8 - 12 times
88 Don't know
99 Not applicable
00 No response

Are you still involved with this Agency ?

01 Yes
02 No
88 Don't know
99 Not applicable
00 No response

Have you gone to this Agency before for other family violence incidents?

01 Yes
02 No
03 Never happened before
88 Don't know
99 Not applicable
00 No response

Generally, how helpful did you find the Agency (this time) ?

01 Very helpful
02 Somewhat helpful
03 Not very helpful
88 Don't know
99 Not applicable
00 No response

Did the Agency treat your situation in a confidential manner?

01 Yes
02 No
88 Don't know
99 Not applicable
00 No response

Is there something the Agency could have done to provide more assistance to you?

01 Yes --------> GO TO Q.
02 No --------> GO TO Q.
88 Don't know
99 Not applicable
00 No response

(YES) What are some of the things the Agency could have done to provide more assistance to you?

01 Provided more information on family violence

02 Helped me with other agencies

87· Other (specify)____

88 Don't know

99 Not applicable

00 No response

Did the Agency Worker advise you to contact anyone else?

01 Yes --------> GO TO Q.

02 No --------> GO TO Q.

88 Don't know

99 Not applicable

00 No response

Did you get in touch with another agency?

01 Yes --------> GO TO Q.
02 No --------> GO TO Q.
88 Don't know
99 Not applicable
00 No response

(YES) What other agency? * (Select 3)**

01 Social Services
02 Mental Health
03 F.C.S.S.
04 Medical Doctor
05 Counselling Service
06 Health Unit
07 Women's Shelter
08 Community Health Rep.
09 Court Services
10 Correction Services
11 School
12 AADAC
13 R.C.M.P./Police
14 Friendship Center
15 Crisis Association
16 Hospital
17 Private Psychologist
18 Legal Aid/Counsel
87 Other (specify)
____
____
88 Don't know
99 Not applicable
00 No response

(NO) Why not? * (Select 3)**

01 Thought they would take the abuser's (offender's) side

02 Think they are too brusque, insensitive

03 Thought they wouldn't believe me

04 Thought they would see it as another domestic dispute

05 Thought my child(ren) would be taken

06 Didn't think they would see my injuries as serious

07 Didn't think they could do anything

08 Didn't want anyone else to know

09 Friend/Relative/Neighbor works there

10 Thought it would be costly

87 Other (specify)______________________________

88 Don't know

99 Not applicable

00 No response

If you were involved with more than one agency, how well did they work together on your behalf?

01 Very coordinated

02 Reasonably coordinated

03 Somewhat coordinated

04 Not coordinated

88 Don't know

99 Not applicable

00 No response

I WOULD LIKE YOU TO THINK BACK FROM THE PERIOD **IMMEDIATELY AFTER THE INCIDENT UP TO THE PRESENT TIME:** **(READ LIST & RECORD BELOW)**

(A) Did you have need for ...
(B) If yes, did you get this kind of help?
(C) Who provided this help?

	(A) Y/N	(B) Y/N	(C) AGENCY
Transportation for medical help	____	____	____________
Emergency medical aid	____	____	____________
Emergency financial aid	____	____	____________
Emergency shelter	____	____	____________
Transportation to a safe place	____	____	____________
Emergency child care	____	____	____________
Someone to stay with you for company/security	____	____	____________
Someone to talk to for a while after police left	____	____	____________
Advice on help available from social service agencies	____	____	____________
Information on legal assistance	____	____	____________
Ongoing emotional support	____	____	____________
Professional counselling for self	____	____	____________
Professional counselling for child(ren)	____	____	____________
Professional counselling for spouse	____	____	____________
Housing for you & your child(ren)	____	____	____________
Advocate to guide you through system	____	____	____________

Other (specify) ____

____

____

Did you contact the police?

01 Yes ---------> **GO TO Q.**

02 No ---------> **GO TO Q.**

Why didn't you contact the police ?

01 Victim wasn't hurt

02 Victim didn't think police could help

03 Afraid of what spouse would do

04 Afraid of economic consequences

05 Did not want spouse to get criminal record

06 Did not want to get involved in legal process

07 Love spouse too much

08 Expect spouse will change

09 Spouse promised not to do it again

10 Felt family and friends would not approve

11 Felt police would not do anything

12 Afraid spouse would beat victim again

13 Afraid child(ren) would be taken

14 Didn't want anyone to know of abuse

87 Other (specify)________________________________

88 Don't know

99 Not applicable

00 No response

PART D: PAST OR PREVIOUS INCIDENTS

THIS NEXT PART OF THE INTERVIEW DEALS WITH PAST INCIDENTS OF ABUSE. WE WANT TO KNOW WHETHER WHAT HAPPENED WAS AN ISOLATED INCIDENT OR ONE OF MANY IN THE PAST. SO ...

Have you ever been threatened or attacked by your spouse in the past?

01 Yes . . . **Go to PART A BELOW. ---->**
02 No . . . **Go to PART B BELOW ---->**
88 Don't know
99 Not applicable
00 No response

(READ ALL OF "LIST A" FIRST, THEN ALL OF "LIST B")

A. I would like you to tell me how many times in the last 12 months your partner (or former partner) . . . . .

B. Thinking back over the last 12 months, tell me how many times you....

	(A) SPOUSE	(B) YOU
Threw something at you (your partner/spouse)	______	______
Pushed, grabbed, or shoved you (your partner)	______	______
Slapped you (your partner)	______	______
Kicked, bit or hit you with a fist (your partner)	______	______
Hit, or tried to hit you with something (your partner)	______	______
Beat you up (your partner)	______	______
Choked you (your partner)	______	______
Threatened you with a gun or a knife (your partner)	______	______
Used a knife or fired a gun	______	______

Did you ever report any of these incidents to the police ?

01 Yes
02 No
88 Don't know
99 Not applicable
00 No response

Did you ever notify any community agency about these incidents ?

01 Yes
02 No
88 Don't know
99 Not applicable
00 No response

Did you ever have to take time off from work because of an injury resulting from a fight with your spouse?

01 Yes
02 No
88 Don't know
99 Not applicable
00 No response

PART E: VIOLENCE/ABUSE IN FAMILY BACKGROUND

This next section may be a bit difficult. I would like to ask you some questions about yourself and the person who hurt and/or threatened you. We want to determine whether there are any similarities among the people who are involved in abusive relationships. For these questions I'll call the person who abused you ________________________________.

What was your relationship (marital status) with ____________________ **at the time of this incident?**

01 Single
02 Married
03 Common-law
04 Divorced
05 Separated
06 Widowed
88 Don't know
99 Not applicable
00 No response

Did ______________ ever witness violence between his/her parents?

01 Yes
02 No
88 Don't know
99 Not applicable
00 No response

Was (s)he abused as a child?

01 Yes ---------> **GO TO Q.**
02 No ---------> **GO TO Q.**
88 Don't know
99 Not applicable
00 No response

Type of abuse ======== AND ======== By whom ?

01	Physical	01	By mother figure
02	Sexual	02	By father figure
03	Psychological	03	By both
04	Threats of abuse	04	By other relative(s)
05	Other(specify)____________________	05	Other(specify)________________
88	Don't know	88	Don't know
99	Not applicable	99	Not applicable
00	No response	00	No response

Has ___________ ever been charged or arrested for an assault involving a non-family member? (for example, for a friend, an acquaintance, or a stranger)

01 Yes
02 No
88 Don't know
99 Not applicable
00 No response

Has ______________ ever been charged or arrested for SPOUSAL ASSAULT?

01 Yes
02 No
88 Don't know
99 Not applicable
00 No response

Has _______________ ever been convicted of SPOUSAL ASSAULT?

01 Yes
02 No
88 Don't know
99 Not applicable
00 No response

Did you witness violence between your parents?

01 Yes
02 No
88 Don't know
99 Not applicable
00 No response

Were you abused as a child?

01 Yes --------> GO TO Q.
02 No --------> GO TO Q.
88 Don't know
99 Not applicable
00 No response

	Type of abuse ======== AND =========		By whom ?
01	Physical	01	By mother figure
02	Sexual	02	By father figure
03	Psychological	03	By both
04	Threats of abuse	04	By other relative(s)
05	Other(specify)__________________	05	Other(specify)__________________
88	Don't know	88	Don't know
99	Not applicable	99	Not applicable
00	No response	00	No response

PART F: DEMOGRAPHIC PROFILE

Next I would like to ask you some questions concerning things like your education, ethnic background, family size, etc. This is to determine whether there are any similarities among victims of violence.

Can you tell me how old you are?________ How old is (abuser) ________?

Including yourself, how many persons altogether live with you, related to you or not?

01 Number of children ________
02 Number of other adults ________
88 Don't know
99 Not applicable
00 No response

What is your current marital status?

01 Single - never married --------> GO TO Q.
02 Now married
03 Common-law
04 Divorced
05 Separated
06 Widowed
88 Don't know
99 Not applicable
00 No response

If together, how long have you been living together?

01 Less than 1 month
02 1 - 12 months
03 2 - 5 years
04 6 - 10 years
05 More than 10 years
88 Don't know
99 Not applicable
00 No response

If apart, how long have you been living apart?

01 Less than 1 month
02 1 - 12 months
03 2 - 5 years
04 6 - 10 years
05 More than 10 years
88 Don't know
99 Not applicable
00 No response

Are your current spouse/partner, and ______________ **the same person?**

01 Yes
02 No
88 Don't know
99 Not applicable
00 No response

How old were you when you entered your current relationship?

01 __________ (Age in years)   99 Not applicable
88 Don't know   00 No response

Have you ever been married before?

01 Yes   If so, ho[illegible]ny times? _____
02 No
88 Don't know
99 Not applicable
00 No response

Has your spouse/partner ever been married before?

01 Yes,   If so, how many times? _____
02 No
88 Don't know
99 Not applicable
00 No response

What is your ethnic background?

01 CANADA
02 UNITED STATES
03 INDIA/PAKISTAN
04 FAR EAST
(CHINA, JAPAN, VIETNAM)
05 NORTHERN EUROPE
(FRANCE, GERMANY)
06 SOUTHERN EUROPE
(ITALY, GREECE, SICILY)
07 EASTERN EUROPE
(POLAND, HUNGARY, UKRAINE)
08 WESTERN EUROPE
(SPAIN, PORTUGAL)
09 SOUTH AMERICA
(BRAZIL, CHILE)
10 CENTRAL AMERICA
(GUATEMALA, NICARAGUA, COSTA RICA)
11 MIDDLE EAST
(IRAN, EGYPT, ISRAEL)
12 WEST INDIES
13 AFRICA
14 BRITAIN
(ENGLAND, IRELAND, SCOTLAND, WALES)
87 OTHER COUNTRY (SPECIFY) ____
88 DON'T KNOW

What is the highest level of education that you have completed?

01 No Schooling
02 Elementary INCOMPLETE (Grades 1 - 6)
03 Elementary COMPLETE (Grade 6)
04 Junior High School INCOMPLETE (Grades 7 - 9)
05 Junior High School COMPLETE (Grade 9)
06 High School INCOMPLETE (Grades 10 - 12)
07 High School COMPLETE (Grade 12)
08 College or University INCOMPLETE (circle which one)
09 College or University COMPLETE (circle which one)
88 Don't know
99 Not applicable
00 No response

What are you presently doing: working full time, part time, going to school, keeping house or something else?

(If more than one category is applicable, record the smallest code.)

01 Employed full time
02 Employed part time
03 Unemployed
04 In school
05 Keeping house
06 Retired
88 Don't know
99 Not applicable
00 No response

What kind of work do you normally do?
That is, what is your job title?

____

Approximately, what was your total personal income last year?

01 Under......$ 6,000
02 $ 6,000 to $ 9,999
03 $10,000 to $15,999
04 $16,000 to $19,999
05 $20,000 to $24,999
06 $25,000 to $34,999
07 $35,000 to $39,999
08 $40,000 to $49,999
09 Over.......$50,000
88 Don't know
99 Not applicable
00 No response

Do you know the highest level of education that (s)he has completed?

01 No Schooling
02 Elementary INCOMPLETE (Grades 1 - 6)
03 Elementary COMPLETE (Grade 6)
04 Junior High School INCOMPLETE (Grades 7 - 9)
05 Junior High School COMPLETE (Grade 9)
06 High School INCOMPLETE (Grades 10 - 12)
07 High School COMPLETE (Grade 12)
08 College or University INCOMPLETE (Circle which one)
09 College or University COMPLETE (Circle which one)
88 Don't know
99 Not applicable
00 No response

What is his/her ethnic background?

01 CANADA
02 UNITED STATES
03 INDIA/PAKISTAN
04 FAR EAST
(CHINA, JAPAN, VIETNAM)
05 NORTHERN EUROPE
(FRANCE, GERMANY)
06 SOUTHERN EUROPE
(ITALY, GREECE, SICILY)
07 EASTERN EUROPE
(POLAND, HUNGARY, UKRAINE)
08 WESTERN EUROPE
(SPAIN, PORTUGAL)
09 SOUTH AMERICA
(BRAZIL, CHILE)
10 CENTRAL AMERICA
(GUATEMALA, NICARAGUA, COSTA RICA)
11 MIDDLE EAST
(IRAN, EGYPT, ISRAEL)
12 WEST INDIES
13 AFRICA
14 BRITAIN
(ENGLAND, IRELAND, SCOTLAND, WALES)
87 OTHER COUNTRY (SPECIFY) ____________________
88 DON'T KNOW

Was he/she working full time, part time, going to school, keeping house or something else at the time of the incident?

(If more than one category is applicable, record the smallest code.)

01 Employed full time
02 Employed part time
03 Unemployed
04 In school
05 Keeping house
06 Retired
88 Don't know
99 Not applicable
00 No response

What kind of work does your spouse normally do?
That is, what is his/her job title?

____

Including you and your spouse's salary, approximately what was the total household income for the year?

01 Under......$ 6,000
02 $ 6,000 to $ 9,999
03 $10,000 to $15,999
04 $16,000 to $19,999
05 $20,000 to $24,999
06 $25,000 to $34,999
07 $35,000 to $39,999
08 $40,000 to $49,999
09 Over.......$50,000
88 Don't know
99 Not applicable
00 No response

NORTHERN ALBERTA FAMILY VIOLENCE STUDY
KEY AGENT SURVEY

The objective of this questionnaire is to obtain your opinions and views as a key agent on matters of family violence. Because of your position you will have gained valuable information on the effectiveness of the current approach in prevention and intervention, as well as ideas on improving the system and an understanding of how your community relates to family violence.

This questionnaire is designed so your opinion can be easily compiled with opinions of key agents from other agencies. This enables the researchers the best possible method of obtaining information about family violence in your community.

The information gathered from the survey will NOT be used to identify any individual respondent. Primarily the information will be used for statistical analysis. You are at no time required to give your name. Your anonymity will be respected, so that you will feel comfortable in giving your honest assessment.

Your effort in the full completion of this questionnaire is highly needed and valued. Without your input, the effectiveness of the survey and final report will be diminished. So please take the time to complete the entire questionnaire.

ALL INFORMATION SUPPLIED WILL BE KEPT CONFIDENTIAL AND WILL BE USED ONLY FOR STATISTICAL PURPOSES.

Ms. Carol Kunicki
Northern Alberta Family Violence Study
Office for the Prevention of Family Violence
Alberta Family and Social Services
11th Floor, Seventh Street Plaza
Edmonton, Alberta T5J 3E4
Phone (403) 422-5916
Fax (403) 427-2039

Please mark "CONFIDENTIAL" on the outside of the envelope

DEADLINE: JANUARY 5, 1990

PART A: BACKGROUND OF KEY AGENT

Please complete the following questions by circling the answer that applies.

(A01) **Project Site**

1. Alexis
2. Whitecourt
3. Athabasca (Town)
4. Athabasca (Calling Lake)

(A02) **Cultural group identity**

1. Status Indian (Treaty)
2. Metis
3. Non-status Indian
4. Non-Indian

(A03) **Agency that you represent**

1. R.C.M.P.
2. Family and Social Services
3. Mental Health Services
4. Probation (Community Corrections)
5. Hospital
6. Health Unit Counselling
7. Family and Community Support Services
8. Wellspring Women's Association
9. Athabasca Prevention of Family Violence Society
10. Town Council
11. Member of Legislative Assembly/M. Parliament
12. School Administration
13. Elementary school, Grade K - 6
14. Junior high school, Grade 7 - 9
15. High school, Grade 10 - 12
16. Judiciary
17. Crown prosecutor
18. Defense lawyer
98. Other (specify)

(A04) **Capacity with your agency?**

1. Paid staff member
2. Volunteer
3. Board Member

(A05) **Gender**

1. Female
2. Male

(A06) **Age**

1. 19 yrs and under
2. 20 - 24 yrs
3. 25 - 29 yrs
4. 30 - 34 yrs
5. 35 - 39 yrs
6. 40 - 49 yrs
7. 50 - 59 yrs
8. 60 and up

PART B: EDUCATION AND TRAINING

(B01) **What is the HIGHEST level of EDUCATION that you have completed?**

1. No schooling
2. Elementary INCOMPLETE (Grades 1 - 6)
3. Elementary COMPLETE (Grade 6)
4. Junior High INCOMPLETE (Grade 7 - 9)
5. Junior High COMPLETE (Grade 9)
4. High School INCOMPLETE (Grade 10 - 12)
7. High School
8. College or University INCOMPLETE (Circle which one)
9. College or University COMPLETE (Circle which one)
88. Don't know
99. Not applicable

(B02) **Have you ever had volunteer or paid work EXPERIENCE in the area of FAMILY VIOLENCE, PREVIOUS TO YOUR CURRENT POSITION?**

a.	Volunteer experience	1. Yes	If Yes to either go to question B03	2. No	If No to both go to question B05
b.	Paid experience	1. Yes		2. No	

PART B: EDUCATION AND TRAINING (Con't)

(B03) If you have experience with a PREVIOUS AGENCY, how many hours of TRAINING IN FAMILY VIOLENCE did you receive?

	No Training	1 - 3 Hours	4 - 6 Hours	7 - 15 Hours	16-24 Hours	25 - 40 Hours	Over 41 Hours
a. Spousal abuse	0	1	2	3	4	5	6
b. Child abuse	0	1	2	3	4	5	6
c. Elder abuse	0	1	2	3	4	5	6
d. Dating violence	0	1	2	3	4	5	6
e. Substance abuse and family violence	0	1	2	3	4	5	6
f. Suicide prevention and family violence	0	1	2	3	4	5	6
g. Other (specify)	0	1	2	3	4	5	6

....

(B04) If you have experience with a PREVIOUS AGENCY, please RATE the USEFULNESS of the TRAINING that you received?

	Not at all Useful	Somwhat Useful	Moderately Useful	Very Useful	Extremely Useful	Not Applicable/No training received
a. Spousal abuse	0	1	2	3	4	9
b. Child abuse	0	1	2	3	4	9
c. Elder abuse	0	1	2	3	4	9
d. Dating violence	0	1	2	3	4	9
e. Substance abuse and family violence	0	1	2	3	4	9
f. Suicide prevention and family violence	0	1	2	3	4	9
g. Other (specify)	0	1	2	3	4	9

....

(B05) How many years of SERVICE do you have WITH YOUR CURRENT AGENCY?

1. 0 - 6 months
2. 7 months - 1 yr
3. 1 -3 yrs
4. 4 - 6 yrs
5. 7 - 10 yrs
6. 11 - 15 yrs
7. more than 16 yrs

(B06) In TOTAL, how many YEARS OF SERVICE IN FAMILY VIOLENCE do you have? Please count the years of experience with the current agency, PLUS any past experience..

1. 0 - 6 months
2. 7 months - 1 yr
3. 1 -3 yrs
4. 4 - 6 yrs
5. 7 - 10 yrs
6. 11 - 15 yrs
7. more than 16 yrs

(B07) How many HOURS of TRAINING in family violence did you receive in YOUR CURRENT AGENCY?

	No Training	1 - 3 Hours	4 - 6 Hours	7 - 15 Hours	16-24 Hours	25 - 40 Hours	Over 41 Hours
a. Spousal abuse	0	1	2	3	4	5	6
b. Child abuse	0	1	2	3	4	5	6
c. Elder abuse	0	1	2	3	4	5	6
d. Dating violence	0	1	2	3	4	5	6
e. Substance abuse in family violence	0	1	2	3	4	5	6
f. Suicide prevention in family violence	0	1	2	3	4	5	6
g. Other (specify)	0	1	2	3	4	5	6

....

PART B: EDUCATION AND TRAINING (Con't)

(B08) **Please RATE the USEFULNESS of the TRAINING that you received in your CURRENT AGENCY**

		Not at all Useful	Somewhat Useful	Moderately Useful	Very Useful	Extremely Useful	Not Applicable/No training received
a.	Spousal abuse	0	1	2	3	4	9
b.	Child abuse	0	1	2	3	4	9
c.	Elder abuse	0	1	2	3	4	9
d.	Dating violence	0	1	2	3	4	9
e.	Substance abuse and family violence	0	1	2	3	4	9
f.	Suicide prevention and family violence	0	1	2	3	4	9
g.	Other (specify)	0	1	2	3	4	9

....

(B09) **Do you think TRAINING in the area of prevention and treatment of family violence is NEEDED IN YOUR AGENCY?**

1. Yes — If Yes go to question B10

2. No — If No go to question B12

(B10) **How much time and in which of the following areas of family violence would you RECOMMEND ADDITIONAL TRAINING for your agency?**

		Too Much Now	Small Amount	Okay Now	Large Amt. Needed	Not Applicable/No training received
a.	Spousal abuse	1	2	3	4	5
b.	Child abuse	1	2	3	4	5
c.	Elder abuse	1	2	3	4	5
d.	Dating violence	1	2	3	4	5
e.	Substance abuse and family violence	1	2	3	4	5
f.	Suicide prevention and family violence	1	2	3	4	5
g.	Other (specify)	1	2	3	4	5

....

(B11) **In which of the following areas of family violence would you COMMIT TIME for further training?**

a.	Spousal abuse	1. Yes	2. No	9. Not applicable/No training desired
b.	Child abuse	1. Yes	2. No	9. Not applicable/No training desired
c.	Elder abuse	1. Yes	2. No	9. Not applicable/No training desired
d.	Dating violence	1. Yes	2. No	9. Not applicable/No training desired
e.	Substance abuse and family violence	1. Yes	2. No	9. Not applicable/No training desired
f.	Suicide prevention and family violence	1. Yes	2. No	9. Not applicable/No training desired
g.	Other (specify)	1. Yes	2. No	9. Not applicable/No training desired

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(B12) **Does your CURRENT AGENCY have an organized staff-training program?**

1. Yes — If Yes go to question B13

2. No — If No go to question C01

3. Don't know — If No go to question C01

(B13) **Is there a MANUAL or other TRAINING MATERIALS which could be SHARED with other agencies?**

1. Yes 2. No 3. Don't know

(B14) **Is the same training program used for paid staff and volunteers?**

1. Yes
2. No
3. Don't know
9. Not applicable

PART C: INTERRELATIONSHIP OF AGENCIES

(C01) **Beside each of the following services, please fill in the blank space to indicate which agency(ies) provide this service to your community**

(C02) **In the column marked "R", RATE the EFFECTIVENESS beside each of the agency(ies) providing services that you have identified, by using the following code:**

0. Cannot rate, no contact with service
1. INEFFECTIVE service in the area of family violence
2. MINIMALLY EFFECTIVE with family violence
3. BASICALLY EFFECTIVE (AVERAGE) service in area of family violence
4. ABOVE AVERAGE EFFECTIVENESS goes out of their way to help
5. EXCELLENT, EXTREMELY EFFECTIVE service for family violence

An EXAMPLE of rating services follows:

In the area of Preventive Programs, public attitudes change through brochures and publications. Social Services is identified as the respondent's agency and given a rating of 5, Wellspring Women's Association and Athabasca

21. Public Attitude Change

a. Brochures, Publications	Social Services	5	Wellspring Women's Assoc.	5	Athabasca Prev. Fam. Viol.	5

SERVICE INDIVIDUAL TREATMENT	SERVICE PROVIDED BY MY AGENCY	R	SERVICE PROVIDED BY OTHER AGENCY	R	SERVICE PROVIDED BY OTHER AGENCY	R
1. Spousal abuse victim		☐		☐		☐
2. Elder abuse victim		☐		☐		☐
3. Child abuse victim		☐		☐		☐
4. Adult survivors of child abuse		☐		☐		☐
5. Children exposed to domestic		☐		☐		☐
6. Adult child of a substance abuser(s)		☐		☐		☐
7. Spousal abuse offender		☐		☐		☐
8. Incest offender		☐		☐		☐
9. Other individual work (specify)		☐		☐		☐

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PART C: INTERRELATIONSHIP OF AGENCIES (Con't)

SERVICE	SERVICE PROVIDED BY MY AGENCY	R	SERVICE PROVIDED BY OTHER AGENCY	R	SERVICE PROVIDED BY OTHER AGENCY	R
SELF-HELP SUPPORT GROUPS						
10. Victims support group		☐		☐		☐
11. Offenders support group		☐		☐		☐
12. Substance abusers support group		☐		☐		☐
13. Adult survivors of child abuse support group		☐		☐		☐
14. Children exposed to domestic violence support group		☐		☐		☐
15. Adult child of a substance abuser support group		☐		☐		☐
16. Court mandated abuser program(s)		☐		☐		☐
17. Other Group work (specify)		☐		☐		☐
....						
FAMILY THERAPY - TREATMENT						
18. Family Treatment of whole family		☐		☐		☐
19. Treatment of family sub-units (eg. victim and child sub-unit)		☐		☐		☐
20. Other Family work (specify)		☐		☐		☐
....						
PREVENTIVE PROGRAMS						
21. Public Attitude Change						
a. Brochures, Publications		☐		☐		☐
b. Advertising, Posters		☐		☐		☐
c. Public messages		☐		☐		☐
d. Media campaigns, Talk shows		☐		☐		☐
22. Skill and Knowledge Development						
a. Professional training		☐		☐		☐
b. Public workshops		☐		☐		☐
c. Volunteer workshops		☐		☐		☐
d. Public forums		☐		☐		☐
Parenting Program (eg. Nobody's Perfect)		☐		☐		☐

PART C: INTERRELATIONSHIP OF AGENCIES (Con't)

SERVICE DIRECT OR PHYSICAL SERVICES	SERVICE PROVIDED BY MY AGENCY	R	SERVICE PROVIDED BY OTHER AGENCY	R	SERVICE PROVIDED BY OTHER AGENCY	R
24. Victim advocacy	______________	☐	______________	☐	______________	☐
25. Victim assistance	______________	☐	______________	☐	______________	☐
26. Financial assistance	______________	☐	______________	☐	______________	☐
27. Legal assistance						
a. Legal Aid	______________	☐	______________	☐	______________	☐
b. Legal information	______________	☐	______________	☐	______________	☐
28. Health services						
a. Emergency medical aid	______________	☐	______________	☐	______________	☐
b. Community health nursing	______________	☐	______________	☐	______________	☐
29. Housing services						
a. Temporary emergency houring	______________	☐	______________	☐	______________	☐
b. Subsidized safe housing	______________	☐	______________	☐	______________	☐
30. Emergency transportation to a safe place	______________	☐	______________	☐	______________	☐
31. Crisis Line						
a. 24 hour	______________	☐	______________	☐	______________	☐
b. Business hours	______________	☐	______________	☐	______________	☐
32. Other Services (specify)						
a.	______________	☐	______________	☐	______________	☐
b.	______________	☐	______________	☐	______________	☐
c.	______________	☐	______________	☐	______________	☐

(C03) **CIRCLE ALL those agencies with whom you have REGULAR OR EXTENDED CONTACT regarding family violence. (Circle all that apply)**

1. R.C.M.P.
2. Family and Social Services
3. Mental Health Services
4. Probation (Community Corrections)
5. Hospital
6. Health Unit Counselling
7. Family and Community Support Services
8. Wellspring Women's Association
9. Athabasca Prevention of Family Violence Society
10. Town Council
11. Member of Legislative Assembly/M. Parliament
12. School Administration
13. Elementary school, Grade K - 6
14. Junior high school, Grade 7 - 9
15. High school, Grade 10 - 12
16. Judiciary
17. Crown prosecutor
18. Defense lawyer
98. Other (specify)

....

PART C: INTERRELATIONSHIP OF AGENCIES (Con't)

(C04) **HAVE YOU GIVEN A PRESENTATION about your agency's services, programs, or policies TO ANY OTHER AGENCY'S PERSONNEL regarding family violence?**

1. Yes — If Yes go to question C05

2. No — If No go to question C06

(C05) **Please indicate WHICH GROUP you presented information to AND the TOPIC of the discussion**

		Not Asked	Spousal Abuse	Child Abuse	Elder Abuse	Dating Violence	Substance Abuse	Suicide Prevention
1.	R.C.M.P.	0	1	2	3	4	5	6
2.	Family and Social Services	0	1	2	3	4	5	6
3.	Mental Health Services	0	1	2	3	4	5	6
4.	Probation (Community Corrections)	0	1	2	3	4	5	6
5.	Hospital	0	1	2	3	4	5	6
6.	Health Unit Counselling	0	1	2	3	4	5	6
7.	Family and Community Support Services	0	1	2	3	4	5	6
8.	Wellspring Women's Association	0	1	2	3	4	5	6
9.	Athabasca Prevention of Family Violence Society	0	1	2	3	4	5	6
10.	Town Council	0	1	2	3	4	5	6
11.	Member of Legislative Assembly/M. Parliament	0	1	2	3	4	5	6
12.	School Administration	0	1	2	3	4	5	6
13.	Elementary school, Grade K - 6	0	1	2	3	4	5	6
14.	Junior high school, Grade 7 - 9	0	1	2	3	4	5	6
15.	High school, Grade 10 - 12	0	1	2	3	4	5	6
16.	Judiciary	0	1	2	3	4	5	6
17.	Crown prosecutor	0	1	2	3	4	5	6
18.	Defense lawyer	0	1	2	3	4	5	6
98.	Other (specify)	0	1	2	3	4	5	6

....

(C06) **How would you DESCRIBE your WORKING RELATIONSHIP with the following agencies?**

		Poor	Adequate	Good	Very Good	Excellent	Not Applicable
1.	R.C.M.P.	1	2	3	4	5	9
2.	Family and Social Services	1	2	3	4	5	9
3.	Mental Health Services	1	2	3	4	5	9
4.	Probation (Community Corrections)	1	2	3	4	5	9
5.	Hospital	1	2	3	4	5	9
6.	Health Unit Counselling	1	2	3	4	5	9
7.	Family and Community Support Services	1	2	3	4	5	9
8.	Wellspring Women's Association	1	2	3	4	5	9
9.	Athabasca Prevention of Family Violence Society	1	2	3	4	5	9
10.	Town Council	1	2	3	4	5	9
11.	Member of Legislative Assembly/M. Parliament	1	2	3	4	5	9
12.	School Administration	1	2	3	4	5	9
13.	Elementary school, Grade K - 6	1	2	3	4	5	9
14.	Junior high school, Grade 7 - 9	1	2	3	4	5	9
15.	High school, Grade 10 - 12	1	2	3	4	5	9
16.	Judiciary	1	2	3	4	5	9
17.	Crown prosecutor	1	2	3	4	5	9
18.	Defense lawyer	1	2	3	4	5	9
98.	Other (specify)	1	2	3	4	5	9

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PART C: INTERRELATIONSHIP OF AGENCIES (Con't)

(C07) If any of the relationships are considered excellent, please indicate what it is that makes the relationship this way. (Use the back of the page if needed)

....

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(C08) If any of the relationships are poor, please indicate what it is that makes the relationship this way. (Use the back of the page if needed)

....

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(C09) How OFTEN do the following AGENCIES MAKE REFERRALS of family violence cases to your agency?

		Never	Seldom	Sometimes	Frequently	Always	Not Applicable
1.	R.C.M.P.	1	2	3	4	5	9
2.	Family and Social Services	1	2	3	4	5	9
3.	Mental Health Services	1	2	3	4	5	9
4.	Probation (Community Corrections)	1	2	3	4	5	9
5.	Hospital	1	2	3	4	5	9
6.	Health Unit Counselling	1	2	3	4	5	9
7.	Family and Community Support Services	1	2	3	4	5	9
8.	Wellspring Women's Association	1	2	3	4	5	9
9.	Athabasca Prevention of Family Violence Society	1	2	3	4	5	9
10.	Town Council	1	2	3	4	5	9
11.	Member of Legislative Assembly/M. Parliament	1	2	3	4	5	9
12.	School Administration	1	2	3	4	5	9
13.	Elementary school, Grade K - 6	1	2	3	4	5	9
14.	Junior high school, Grade 7 - 9	1	2	3	4	5	9
15.	High school, Grade 10 - 12	1	2	3	4	5	9
16.	Judiciary	1	2	3	4	5	9
17.	Crown prosecutor	1	2	3	4	5	9
18.	Defense lawyer	1	2	3	4	5	9
98.	Other (specify)	1	2	3	4	5	9

....

PART D: IMPROVEMENTS IN COMMUNITY REPONSE

(D01) If the following services could be provided, which would you consider to be most needed in your community?

	SERVICE INDIVIDUAL TREATMENT	No Need	Somewhat Needed	Moderate Need	High Need	Extreme Need	Currently Provided
1.	Spousal abuse victim	0	1	2	3	4	9
2.	Elder abuse victim	0	1	2	3	4	9
3.	Child abuse victim	0	1	2	3	4	9
4.	Adult survivors of child abuse	0	1	2	3	4	9
5.	Children exposed to domestic violence	0	1	2	3	4	9
6.	Adult child of a substance abuser(s)	0	1	2	3	4	9
7.	Spousal abuse offender	0	1	2	3	4	9
8.	Incest offender	0	1	2	3	4	9
9.	Other individual work (specify)	0	1	2	3	4	9

....

PART D: IMPROVEMENTS IN COMMUNITY RESPONSE

SERVICE SELF-HELP SUPPORT GROUPS	No Need	Somewhat Needed	Moderate Need	High Need	Extreme Need	Currently Provided
10. Victims support group	0	1	2	3	4	9
11. Offenders support group	0	1	2	3	4	9
12. Substance abusers support group	0	1	2	3	4	9
13. Adult survivors of child abuse group	0	1	2	3	4	9
14. Children exposed to domestic violence group	0	1	2	3	4	9
15. Adult child of a substance abuser(s) support group	0	1	2	3	4	9
16. Court mandated abuser treatment program(s)	0	1	2	3	4	9
17. Other group work (specify)	0	1	2	3	4	9
....						
FAMILY THERAPY - TREATMENT						
18. Family Treatment of whole family	0	1	2	3	4	9
19. Treatment of family sub-units (e.g. victim and sub-unit)	0	1	2	3	4	9
20. Other Family work (specify)	0	1	2	3	4	9
....						
PREVENTIVE PROGRAMS						
21. Public Attitude Change	0	1	2	3	4	9
a. Brochures, Publications	0	1	2	3	4	9
b. Advertising, Posters	0	1	2	3	4	9
c. Public messages	0	1	2	3	4	9
d. Media campaigns, Talk shows	0	1	2	3	4	9
22. Skill and Knowledge Development	0	1	2	3	4	9
a. Professional training	0	1	2	3	4	9
b. Public workshops	0	1	2	3	4	9
c. Volunteer workshops	0	1	2	3	4	9
d. Public forums	0	1	2	3	4	9
23. Parenting Program(s) (e.g. Nobody's Perfect)	0	1	2	3	4	9
DIRECT OR PHYSICAL SERVICES						
24. Victim advocacy	0	1	2	3	4	9
25. Victim assistance	0	1	2	3	4	9
26. Financial assistance	0	1	2	3	4	9
27. Legal assistance						
a. Legal Aid	0	1	2	3	4	9
b. Legal information	0	1	2	3	4	9
28. Health services						
a. Emergency medical aid	0	1	2	3	4	9
b. Community health nursing	0	1	2	3	4	9
29. Housing services						
a. Temporary emergency housing	0	1	2	3	4	9
b. Subsidized/safe housing	0	1	2	3	4	9
30. Emergency transportation to a safe place	0	1	2	3	4	9
31. Crisis Line						
a. 24 hour	0	1	2	3	4	9
b. Business hours	0	1	2	3	4	9

PART E: OPINIONS AND BELIEFS

(E01) **Please circle the number that identifies with your level of support for the following statements.**

		Strongly Disagree		Neutral		Strongly Agree
1.	When a couple separates, the woman usually goes back to her abusive partner.	1	2	3	4	5
2.	Abusive men usually regret their actions and reform even if the abuse has been going on for a long time.	1	2	3	4	5
3.	Most men are abusive only during one relationship with a particular woman.	1	2	3	4	5
4.	When they are separated from a particular woman, most men stop being abusive.	1	2	3	4	5
5.	Current punishment for sexual crimes, such as assault and incest is too lenient.	1	2	3	4	5
6.	It is somehow unnatural to place women in positions of authority over men.	1	2	3	4	5
7.	The family is a private institution that should never be interfered with in matters of child rearing.	1	2	3	4	5
8.	In a family decision a woman can have some input, but the final decision should be the responsibility of the man.	1	2	3	4	5
9.	A child should never be allowed to disagree with his/her parents.	1	2	3	4	5
10.	Punishment for sex crimes, like sexual assault and sex abuse should also contain a rehabilitative component.	1	2	3	4	5
11.	No sane, normal, decent human would ever abuse a family member	1	2	3	4	5
12.	When parents punish their children, it is almost always for good reasons.	1	2	3	4	5
13.	In all cases of spouse abuse where there is evidence to support a criminal charge, the police should charge the perpetrator with assault regardless of the wishes of the victim.	1	2	3	4	5
14.	Women who refuse to testify against an abusive partner should be charged with contempt of court.	1	2	3	4	5
15.	Women are less likely to report an abusive partner to the police if they think their partner will be charged with assault.	1	2	3	4	5
16.	Every adult should be legally obliged to report suspected cases of child abuse to the proper authorities.	1	2	3	4	5
17.	Restraining orders are an effective means of protecting the victim from further abuse by an offending partner.	1	2	3	4	5
18.	Peace bonds are an effective means of protecting the victim from further abuse by an offending partner.	1	2	3	4	5
19.	Punishment by the criminal justice system deters further abuse.	1	2	3	4	5
20.	There is no distinction between assaults in the home involving family members and assaults involving strangers.	1	2	3	4	5
21.	Women would want the police to lay charges if they knew that:					
	a) the partner would be sent to jail	1	2	3	4	5
	b) the woman and her children would be given 24 hour protection	1	2	3	4	5
	c) the man would be ordered to get treatment or counselling	1	2	3	4	5

PART F: PERCEPTIONS OF POLICY AND PRACTICES

Please indicate your opinion towards the following.

	Is this policy/practice ADEQUATE?			Is this policy/practice ADHERED TO/ENFORCED?		
(F01) **Mental Health**	Yes	No	Don't Know	Yes	No	Don't Know
1. Mental Health Services supports and facilitates the provision of programs and activities of proven effectiveness directed at health promotion.	1	2	9	1	2	9
2. Mental Health Services places highest priority on treating those persons with clearly definable mental illness, whether acute or chronic	1	2	9	1	2	9

(F02) **Please give your comments on how these definitions and policies could be improved (Use the back of the page if needed)**

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(F03) **Community Health**	Yes	No	Don't Know	Yes	No	Don't Know
1. The community health nurse must ensure that cases of suspected abuse of children identified as being "at risk" receive appropriate Community health nursing intervention including counselling, surveillance, resource linkage, referral and follow-up.	1	2	9	1	2	9

(F04) **Please give your comments on how these definitions and policies could be improved (Use the back of the page if needed)**

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(F05) **Crown**	Yes	No	Don't Know	Yes	No	Don't Know
1. The policy of the crown is to proceed to trial in all cases involving spousal assaults, regardless of the wishes of the complainant.	1	2	9	1	2	9
2. It is the norm that a legal aid representative is not available each and every Court day in rural areas.	1	2	9	1	2	9

(F06) **Please give your comments on how these definitions and policies could be improved (Use the back of the page if needed)**

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PART F: PERCEPTIONS OF POLICY AND PRACTICES (Con't)

Please indicate your opinion towards the following.

	Is this policy/practice ADEQUATE?			Is this policy/practice ADHERED TO/ENFORCED?		
(F07) **Child Welfare**	Yes	No	Don't Know	Yes	No	Don't Know
1. Since 1985, Child Welfare Legislation directs that the department cannot become involved unless there is substantial evidence of child abuse or neglect.	1	2	9	1	2	9
2. The Child Welfare Act allows sharing of case specific information on a "needs to know" basis to anyone involved, which includes those who first report the suspected abuse.	1	2	9	1	2	9
3. Since 1985, the Child Welfare Act allows the taking of a support or custody agreement with a 16 or 17 year old youth without approval of the parents; providing there is no guardian willing to provide care and custody and/or the youth's survival, security, or development would be endangered if the child was forced to return home.	1	2	9	1	2	9

(F08) **Please give your comments on how these definitions and policies could be improved (Use the back of the page if needed)**

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....

(F09) **Family and Community Support Services (F.C.S.S.)**	Yes	No	Don't Know	Yes	No	Don't Know
1. It is the practice of F.C.S.S. to refer and assist victims of family violence to appropriate agencies for counselling and financial support.	1	2	9	1	2	9
2. Through F.C.S.S., prevention and education regarding family violence can and will be made available in the community.	1	2	9	1	2	9
3. F.C.S.S. supports the view that public awareness is a major factor in enhancing prevention of family violence.	1	2	9	1	2	9

(F10) **Please give your comments on how these definitions and policies could be improved (Use the back of the page if needed)**

....

....

....

PART F: PERCEPTIONS OF POLICY AND PRACTICES (Con't)

Please indicate your opinion towards the following.

	Is this policy/practice ADEQUATE?			Is this policy/practice ADHERED TO/ENFORCED?		
F11) **R.C.M.P.**	Yes	No	Don't Know	Yes	No	Don't Know
1. Spousal assault is a criminal act of violence or series of acts which cause injury to a spouse or common-law partner.	1	2	9	1	2	9
2. Domestic violence is not a private affair but a serious social problem often resulting in violations of the law.	1	2	9	1	2	9
3. Assaulted persons require special attention and police sensitivity.	1	2	9	1	2	9
4. The R.C.M.P. are to respond and fully investigate all complaints of domestic disputes, assaults and violence in the home.	1	2	9	1	2	9
5. The R.C.M.P. must lay charges when reasonable and probable ground exist.	1	2	9	1	2	9
6. Immediate protection is to be provided by the R.C.M.P. for the victim to ensure that further assault does not occur.	1	2	9	1	2	9

F12) **Please give your comments on how these definitions and policies could be improved (Use the back of the page if needed)**

....

....

....

F13) **Wellspring Women's Association**	Yes	No	Don't Know	Yes	No	Don't Know
1. To provide short-term emergency accommodation, lay counselling and related services to women in crisis with or without children	1	2	9	1	2	9
2. Our crisis line is operational 24 hours per day giving access to our satellite shelter which is also staffed 24 hours per day.	1	2	9	1	2	9
3. To provide the community with qualified, unbiased speakers, films, video tapes on social issues, educational information, interpersonal relationships with special focus on family violence.	1	2	9	1	2	9

F14) **Please give your comments on how these definitions and policies could be improved (Use the back of the page if needed)**

....

....

....

PART G: SCENARIOS

This is not a test. Please read and answer the questions according to the case scenarios, based on your CURRENT experience.

While talking with a local woman, you notice several red marks on her face and swelling under one of her eyes. As you talk with her she reveals that she was struck by her common-law partner. She states that she and her partner had a disagreement but she is all right and wants to get home before he returns and becomes angry because she is not there. She indicates that this has never happened before and that because of her love for him she wants to make sure that this relationship works. From your previous work you know of the man with whom she is living, and know of his reputation. Your information indicates that in his previous relationships he was very possessive, jealous and assaulted another woman.

(GC1) **Using the same scenario, what would be the**
— IMMEDIATE ACTION (instant to one week)
— SHORT TERM ACTION (one week to six months), and
— LONG TERM ACTION (six months to several years)
that you would take to help the man of this scenario? (Circle up to THREE (3) actions for EACH time period).

	Immediate	Short-term	Long-term
0. Take no action	1	2	3
1. Provide personal counselling to the man	1	2	3
2. Provide emergent Social Allowance	1	2	3
3. Inform the man of treatment programs available	1	2	3
4. Advise the man that wife assault is a crime	1	2	3
5. Advise man to leave the home	1	2	3
6. Contact police and advise them of situation	1	2	3
7. Provide emotional support to the man	1	2	3
8. Refer to other local agency (specify)	1	2	3
9. Refer to other outside agency (specify)	1	2	3
10. Help the man to locate self-help support groups in the community	1	2	3
11. Assist the man to use friendship and family resource persons	1	2	3
12. Form an offenders mutual aid support group	1	2	3
13. Form group to pressure for stronger punishment	1	2	3
14. Inform community of the need for reform and develop services for offenders treatment	1	2	3
15. Arouse community response to press for reform and develop new services	1	2	3
98. Don't know what to do	1	2	3
99. Other (specify)	1	2	3

PART G: SCENARIOS (Con't)

[illegible] **What would be the**

— IMMEDIATE ACTION (instant to one week)

— SHORT TERM ACTION (one week to six months), and

— LONG TERM ACTION (six months to several years)

that you would take to help the woman of this scenario? (Circle up to THREE (3) actions for EACH time period).

	Immediate	Short-term	Long-term
1. Take no action	1	2	3
2. Provide personal counselling	1	2	3
3. Provide emergent Social Allowance	1	2	3
4. Inform the woman of available assistance	1	2	3
5. Advise the woman to contact police	1	2	3
6. Advise the woman to leave the home	1	2	3
7. Provide emotional support to the woman	1	2	3
8. Refer to other local agency (specify)	1	2	3
....			
9. Refer to other outside agency (specify)	1	2	3
....			
10. Help the woman to locate self-help support groups in the community	1	2	3
11. Assist the woman to use friendship and family resource persons	1	2	3
12. Form a victims mutual aid support group	1	2	3
13. Form group of victims to pressure for services	1	2	3
14. Inform community of the need for reform and develop services	1	2	3
15. Arouse community response to press for reform and develop new services	1	2	3
98. Don't know what to do	1	2	3
99. Other (specify)	1	2	3

> An elderly woman calls and states she has been physically abused by her husband. Upon further questioning she reveals that her husband hit her because she had spent some of the family grocery money on clothing.

[illegible] **What are the main actions you would take regarding the husband. (Circle up to TWO (2) most important)**

1. Take no action	1	2	3
2. Provide personal counselling to the husband	1	2	3
3. Provide emergent Social Allowance	1	2	3
4. Inform the husband of treatment programs available	1	2	3
5. Advise the husband that wife assault is a crime	1	2	3
6. Advise the husband to leave the home	1	2	3
7. Contact police and advise them of situation	1	2	3
8. Provide emotional support to the husband	1	2	3
9. Refer to other local agency (specify)	1	2	3
....			
10 Refer to other outside agency (specify)	1	2	3
....			
11. Help the husband to locate self-help support groups in the community	1	2	3
12. Assist the husband to use friendship and family resource persons	1	2	3
13. Form an offenders mutual aid support group	1	2	3
14. Form group to pressure for stronger punishment	1	2	3
15. Inform community of the need for reform and develop services for offenders treatment	1	2	3
16. Arouse community response to press for reform and develop new services	1	2	3
98. Don't know what to do	1	2	3
99. Other (specify)	1	2	3

PART G: SCENARIOS (Con't)

(C04) **What are the main actions you would take regarding the wife. (Circle up to TWO (2) most important)**

	Immediate	Short-term	Long-term
1. Take no action	1	2	3
2. Provide personal counselling	1	2	3
3. Provide emergent Social Allowance	1	2	3
4. Inform the wife of available assistance	1	2	3
5. Advise the wife to contact police	1	2	3
6. Advise the wife to leave the home	1	2	3
7. Provide emotional support to the wife	1	2	3
8. Refer to other local agency (specify)			
9. Refer to other outside agency (specify)	1	2	3
10. Help the wife to locate self-help support groups in the community	1	2	3
11. Assist the wife to use friendship and family resource persons	1	2	3
12. Form a victims mutual aid support group	1	2	3
13. Form group of victims to pressure for services	1	2	3
14. Inform community of the need for reform and develop services	1	2	3
15. Arouse community response to press for reform and develop new services	1	2	3
98. Don't know what to do	1	2	3
99. Other (specify)	1	2	3

> A neighbour calls and says she can see a mother beating her son with a strap. According to the neighbour, the mother had caught her son stealing candy from the local grocery store.

(C05) **What are the main actions you would take regarding the mother? (Circle up to TWO (2) most important)**

	Immediate	Short-term	Long-term
1. Take no action; it is a family matter	1	2	3
2. Provide personal counselling to the mother	1	2	3
3. Advise not to use physical force to punish her son	1	2	3
4. Advise the mother to seek help in being a parent	1	2	3
5. Advise the mother that child abuse is a crime	1	2	3
6. Press for legal charges to punish the mother	1	2	3
7. Provide emotional support to the mother	1	2	3
9. Refer to other local agency (specify)	1	2	3
10. Refer to other outside agency (specify)	1	2	3
11. Help the mother to locate natural helping system in community for treatment	1	2	3
12. Assist the mother to use personal network to aid in change	1	2	3
13. Form group of mothers for mutual support and change	1	2	3
14. Form group to pressure for stronger punishment	1	2	3
15. Inform community of the need for reform and develop services for mother's treatment	1	2	3
16. Arouse community response to press for reform and develop new services	1	2	3
98. Don't know what to do	1	2	3
99. Other (specify)	1	2	3

PART G: SCENARIOS (Con't)

[illegible] **What are the main actions you would take regarding the son? (Circle up to TWO (2) most important)**

	Immediate	Short-term	Long-term
1. Take no action; its a family matter	1	2	3
2. Provide personal counselling	1	2	3
3. Advise the son to listen to his mother	1	2	3
4. Inform the son of available assistance	1	2	3
5. Advise the son not to steal again	1	2	3
6. Advise the son to leave the home	1	2	3
7. Provide emotional support to the son	1	2	3
8. Refer to other local agency (specify)	1	2	3
9. Refer to other outside agency (specify)	1	2	3
10. Help the son to locate natural helping system in the community	1	2	3
11. Assist the son to use personal network	1	2	3
12. Form group of victims for mutual support	1	2	3
13. Form group of victims to pressure for services	1	2	3
14. Inform community of the need for reform and develop services	1	2	3
15. Arouse community response to press for reform and develop new services	1	2	3
98. Don't know what to do	1	2	3
99. Other (specify)	1	2	3

A woman calls and says her husband is drunk and beating her up.

(C07) **What are the main actions you would take regarding the husband? (Circle up to TWO (2) most important)**

	Immediate	Short-term	Long-term
1. Take no action	1	2	3
2. Provide personal counselling to the husband	1	2	3
3. Provide emergent Social Allowance	1	2	3
4. Inform the husband of treatment programs available	1	2	3
5. Advise the husband that wife assault is a crime	1	2	3
6. Advise the huband to leave the home	1	2	3
7. Contact the police and advise them of the situation	1	2	3
8. Provide emotional support to the husband	1	2	3
9. Refer to other local agency (specify)	1	2	3
10. Refer to other outside agency (specify)	1	2	3
11. Help the husband to locate self-help support groups in the community	1	2	3
12. Assist the husband to use friendship and family resource persons	1	2	3
13. Form an offenders mutual aid support group	1	2	3
14. Form group to pressure for stronger punishment	1	2	3
15. Inform community of the need for reform and develop services for offenders treatment	1	2	3
16. Arouse community response to press for reform and develop new services	1	2	3
98. Don't know what to do	1	2	3
99. Other (specify)	1	2	3

PART G: SCENARIOS (Con't)

What are the main actions you would take regarding the wife? (Circle up to TWO (2) most important)

	Immediate	Short-term	Long-term
1. Take no action	1	2	3
2. Provide personal counselling	1	2	3
3. Provide emergent Social Allowance	1	2	3
4. Inform the wife of available assistance	1	2	3
5. Advise the wife to contact police	1	2	3
6. Advise the wife to leave the home	1	2	3
7. Provide emotional support to the wife	1	2	3
8. Refer to other local agency (specify)	1	2	3
9. Refer to other outside agency (specify)	1	2	3
10. Help the wife to locate self-help support groups in the community	1	2	3
11. Assist the wife to use friendship and family resource persons	1	2	3
12. Form group of victims for mutual support	1	2	3
13. Form group of victims to pressure for services	1	2	3
14. Inform community of the need for reform and develop services	1	2	3
15. Arouse community response to press for reform and develop new services	1	2	3
98. Don't know what to do	1	2	3
99. Other (specify)	1	2	3

APPENDIX E

ALEXIS COORDINATING COMMITTEE

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Ms. Doris Cardinal
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R.C.M.P. Detachment
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Mr. Sylvestor Mustus
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Ms. Judy Alexis
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APPENDIX F

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Although the study fell short of providing all of the information needed by the communities to plan new initiatives or support funding requests, the committee members felt the process of the study itself provided a learning experience which could be applied if the study, or similar one, was undertaken in the future. During discussions surrounding the draft report of the study, some suggestions were raised for improvement of the design. Those suggestions are presented here for consideration by future Community Coordinating Committee members who may be involved in a similar study but, do not necessarily represent the view of the writer or the department.

- Ensure all Community Coordinating Committee minutes are documented.
- Outline clear objectives regarding the purpose of the study and ensure the communities are aware of what they are buying into.
- Give consideration to advice provided by those involved; indicate the reasoning for not considering advice given. In other words, the process should be one of give and take between the researchers and the community.
- Ensure the study is not too broad in scope to be addressed by the data collection tools and the time and resources available.
- Ensure that the sites selected for study are similar in the base characteristics being studied if the results are intended to be representative of a larger homogeneous population.
- Ensure that the reasoning behind all decisions made is well documented.
- Provide ongoing feedback to those involved in collecting information for the study.
- Develop data instruments prior to the commencement of the study.
- To ensure greater use by the individual communities, do not merge the responses of communities together if two or more are studied simultaneously.
- Do not ask agency staff, already working at capacity, to provide information. Rather, hire a researcher, preferably from the community itself, to collect the data.

Author's note:

In a project of this complexity and length three problems can occur:

1. It becomes difficult for a steering committee to maintain control;
2. It is very difficult for a project manager to "cost" the project, particularly in light of the approach of ongoing information collection and feedback; and

3. The skills required to carry out all aspects of the study may be hard to find in a single person.

The multiplicity of players and unique nature of the project and funding arrangement served to make project management even more complicated.

In terms of research an approach for the future might include the use of a consulting firm which can, because of its nature, offer what an individual cannot: a high level of flexibility and skill mix and budgetary control from built-in agreed-upon maximum costs based on specific performance criteria and deliverables.

However, maintaining effective management is the key to the success of a research project the magnitude of the Northern Alberta Family Violence Project. Extensive ground work is required to ensure that the process used is appropriate for the needs and issues within the communities, the plans are clear and well-documented and the support is strong.

APPENDIX H

TERMS OF REFERENCE

Project Rationale

The rationale for this project is based on the recognition that an integrated inter-agency community approach is needed to deal effectively with the problems of family violence. For example, the effectiveness of any police response to a case can often depend not only on how the Prosecution and courts deal with it, but also on how social services respond. Because the policies of one agency can influence those of others, and because a holistic and coordinated approach is essential for the design of any effective prevention strategies, each of the three communities have created a coordinating committee made up of the key agencies that come into contact with family violence cases.

However, while these kinds of coordinating committees are necessary, their effectiveness can be limited by a lack of sound information on the full scope of the problem, and when they implement new strategies, by a lack of information on the effectiveness of these new strategies.

The research being proposed is designed to provide the kind of information needed by these committees to overcome these problems.

Description of Project

The project would involve the collection of three main kinds of information on an ongoing basis for a period of about two years:

1. Agency Information - consisting of detailed information on all alleged cases of family violence that come to the attention of the agencies in each of the three communities (e.g., police, courts, social services). This would include basic information on the characteristics of the people involved, what was alleged to have happened, and how each agency responded. This information should be collected by the agencies themselves using a simple form to be designed with the help of the researcher after the start of the project. The main focus in designing the form would be to meet the agency's and the committee's information needs. These forms would then be supplied to the

researcher on an ongoing basis (e.g., every two weeks) for analysis to get a combined picture of what kinds of cases go to which agencies and their outcome.

- Although it is recognized that this may raise concerns about confidentiality, it is important that the information provided to the researcher identifies the families involved. The names of the victims will be required by the researcher to do interviews with the victims (see 2, below), but equally important, will be needed in order to make the necessary linkages between cases. For example, if the police deal with 50 cases and social services with 25, is the total 75, or are some of these cases the same? What kinds of cases are dealt with by more than one agency, and how does the responses of one agency influence the effectiveness of services from other agencies to the same case? It is not only important to make the inter-agency linkages if the research is to support an integrated approach, but also the inter-family links, as the police may be involved with spousal assaults while social services may be dealing with child abuse cases involving the same families. Analyses of the scope of the problem of effectiveness of solutions should involve measures of violence within family units, as child abuse, incest, and spousal violence are often closely associated. Unless the researcher can link cases, it will also not be possible to examine repeat occurrences within families over time. Such measures are essential to assess the effectiveness of prevention strategies. It is well known that only a small percentage of family violence cases come to the attention of community agencies, and that a major reason for this is that the people involved do not believe that these agencies can help. The paradox, therefore, is that the better job agencies do, the worse it can look if measures of total rather than repeat occurrences are used (victim satisfaction will also be available for this).

- As noted below in the discussion on confidentiality, the researcher would use the personal identification information only to make the linkages and for doing interviews, and would later destroy this information and only present overall statistics to the committees rather than case-specific data.

2. Victim Information - the researcher would then use the information received from the agencies to contact the victims to obtain their opinions on how services in their community could be improved and what new services are needed. Various kinds of other information would also be collected, such as on the background characteristics of the people involved, details on the present incident

as well as on any previous incidents, and on the factors that might have caused these incidents. Some of these victims could be interviewed a second time about six months later to determine the extent to which the violence has reoccurred and to ensure enough information was obtained after they had "finished going through the system". The final determination of the kinds of information to be collected would be established after the start of the project in discussions with the local committees and the province in order to ensure their needs are met.

- It should be noted that the agency data would cover all forms of family violence, but since it would not be possible to interview child victims, the victim information may be limited to alleged spousal violence. However, the possibility of interviewing the non-offending spouse in cases of child abuse and incest could also be examined.

3. Key Agents Survey - the views of officials from the agencies who are in direct contact with family violence cases in each community would also be obtained by the researcher. During the early phases of the study, the main focus would be on their opinions about the scope of the problem and their suggestions about possible solutions. If and when new strategies are implemented, the emphasis would be on obtaining their views on the adequacy of these changes and on how further improvements could be made.

Although attempts have been made to collect these kinds of information in other projects, most of these have used retrospective analyses of past cases selected from agency files. Problems with such approaches include the fact that cases often can't be identified because of limitations with agency records, and for those that are, victims are often hard to contact for interview purposes because of the time that has elapsed. This not only results in non-representative findings, but only produces a "snap shot" of past problems rather than on the current situation. Thus, by the time the researcher analyzes the date, the findings may not be all that relevant because community services may have changed drastically during this time.

Such an approach would be especially problematic in this kind of situation where inter-agency committees have been created, for this in itself should facilitate rapid changes within these communities. A very significant aspect of the research approach being suggested here is that the three kinds of information would be collected and fed back to the committees on an ongoing basis (possibly monthly, but some of this could even be done weekly if required). This would be possible as we would supply the researcher with a powerful micro computer to establish an on-line database with a set of programs we have already developed for other projects.

Rather than attempting retrospective research to produce a "snap shot" of past problems, this ongoing information collection and feedback approach is designed to provide information more like a "moving picture" of the situation in these communities (i.e., management information system). Thus, it is more than research and a single set of recommendations that can be expected during the two years of the project. After the first few months of the project, the researcher could report on problems identified to date, and by interpreting these findings in light of the literature and what other communities have done, would make suggestions on ways to improve services. The committees would hopefully then use this information to make changes in services. The research would continue during this time and a month or two later the researcher would report back using these new findings more as measures of the effectiveness of any changes to date, with suggestions for further improvements or new initiatives. This process would be repeated on an ongoing basis every month or two (depending on the volume of cases).

Because of this ongoing information collection and feedback approach, it should be possible for the agencies on the committees to make adjustments and further improvements in services on an ongoing basis, so that by the end of the project, each community should have in place a well integrated and fully evaluated set of strategies that are adapted to their own needs and resources. Some of the components will likely be different in each community, and by comparing the three sites (together with information from other projects across Canada), it should be possible to make certain generalizations that would be useful not only to the province, but as models for other communities throughout Canada.

Of course, this process assumes that the three communities will in fact use the information to make changes. This will be beyond the control of the researcher. Having a Provincial Advisory Committee for the project would be useful for this purpose as certain changes that may be suggested by the researcher may only be possible with provincial support. What must be clearly emphasized, however, is that the focus of the researcher will be to provide information to assist the communities develop strategies that are adapted to the needs and resources of the communities. To whatever extent possible, the kinds of "changes in services" that should be considered should be ones that rely on local resources. There is every indication from other projects at least that much can be done simply through the better coordination and referrals among existing agencies. Gaps in services can also often be met by tapping local resources. For example, safe homes may be established by concerned residents. Treatment programs for men who batter can be established using "self-help" rather than "professional" models, where "graduates" from the programs assume much of the responsibility for the sessions with the help of local professionals who volunteer their time. Other volunteers (not necessarily professionals, but simply people who care) can be used as backups to agencies to assist victims. Public awareness and information campaigns can be carried out at little or no cost by actively involving the local media.

We do not know at this time what strategies will be suggested by the research. However, we can ensure that the researcher looks at what can be done with local resources, and only as a last recourse consider options requiring new funding that can't be met at the local level. We know that it would clearly be a mistake to think that the solutions always require major funding for new programs. If anything, that type of approach creates further divisions within the community because of inter-agency rivalry and competition for the funds. The key to success here is a willingness for the agencies to work together to define the problems and to develop integrated solutions. Furthermore, the main goal of the project is to use research to facilitate viable community models, not expensive programs that other communities could not afford to consider.

Researcher

It is important that the researcher to be hired be mutually acceptable to all parties. The Ministry of the Solicitor General will be particularly interested in technical qualifications, while the representatives of the communities would likely be more concerned about personal suitability factors.

The researcher to be hired should probably have a minimum of a Masters degree in the social sciences; practical experience in conducting independent applied community research; knowledge of the legal and social service systems, and ideally of the family violence area; and computer skills not only for statistical analysis, but also in the use of database software.

APPENDIX I

WHITECOURT - AN INDEPENDENT ANALYSIS

Due to the limited amount of data collected for the Northern Alberta Family Violence Research Project, particularly in Athabasca and Alexis Indian Reserve, the information was merged and presented as an indication of the status of family violence in small northern Alberta communities. As stated previously, the three communities were separated and compared with each other only for interest sake.

Having provided most of the information, Whitecourt Coordinating Committee members expressed an interest in receiving a report, supplemental to the final report, which would include a more detailed analysis and some direction for the future. This Whitecourt-specific analysis is provided as an appendix to the final report for members of the Whitecourt Coordinating Committee.

A. Agency Survey

1. Characteristics of Victims and Offenders

Table 1 in the main text shows over 80% of the reported violence was toward women. Given the knowledge that women are generally the victims of violence, this number is not surprising. However, the figure may also be influenced by some reluctance on the part of males to report incidents of violence toward them. Therefore, although it is true that most violence is committed against women and most services should be directed towards them, almost 20% of incidents reported in Whitecourt, and perhaps more, were against males and consideration regarding services for them should be made as well.

Almost 85% of the reported violence occurred within the nuclear family (wife, husband, daughter and son). This may indicate a need for supports for the family unit such as family therapy and parenting programs.

Aside from wives, who endure the majority of abuse (58% of all abuse in Whitecourt), reports of abuse against daughters are the most common, nearly double that of abuse reported against sons. Abuse against children in Whitecourt appears to be mostly overt; 35% is sexual and 34% is physical (Table 5). This may indicate a need for solid and immediate action against the offender living in the home and extensive counselling for the victims.

Although the data may not be entirely accurate due to data entry problems, it shows that elder abuse (60 years of age+) is occurring and has been reported at a rate of almost 5% of all abuse (Table 2). This figure may be lower than the actual occurrence as this type of abuse is generally inflicted by adult sons or daughters and shame at its occurrence or fear of reprisal may prevent the victims from reporting it. However, health care professionals would likely have the best opportunity to detect physical abuse and therefore should be made aware of its signs and ways in which they can assist the victims to get help. Organizations for the elderly, Societies for the Retired, etc. could provide counselling services to help deal with mental and physical abuse as well as financial exploitation. First, though, the community must be made aware of the extent of the problem and situations in which it may occur.

In the case of spousal abuse, the highest rate reported was in common-law unions (49%) in contrast to married unions (36%) (Table 4). This may indicate a need to ensure all services normally aimed at assisting married couples cope also be available to co-habitating couples. It may also indicate that stress associated with relationships might be higher for those couples than for married couples - a possible area for closer study in the future. It may also, however, be indicative of reluctance to report abuse when there is a marriage at stake or the possibility of having to endure greater abuse while "locked" in the marriage.

The female victims of spousal abuse reported mostly physical abuse (69%) (Table 5), while sexual abuse was reported only once. The latter figure may be a result of a lack of understanding that sexual abuse can occur within a marriage or reluctance to report it. If so, there may be a need for greater education in this area.

Of the 105 cases of abused or neglected children reported, 61% came from families with both parents living together with the child (Table 6). This figure is somewhat surprising as it is generally assumed that most abuse occurs in one parent families where the pressures of raising a family is not usually shared. Could abuse within this type of family structure be more visible because one parent is reporting the violence caused by the other parent? Could the child feel safer reporting the violence because the other parent will still be there if the offender is punished? This also is an area which may warrant further study. The report of abuse by single fathers (3.8%) is significantly lower than the report of abuse by single mothers (28.6%). However, the number of single fathers versus single mothers living in Whitecourt is probably also significantly lower. This would have to be investigated further before any definite conclusions could be drawn.

2. Characteristics of Violence

A detailed description of the main type of incident that occurred by the main nature of the incident for each community is presented in Table 5 of the main report, along with directions on how to interpret the table. The statistics for Whitecourt only have been extrapolated and are presented in Table 36.

Table 36
TYPE OF ABUSE - NATURE OF INCIDENT - WHITECOURT

	Child Abuse		Spouse Abuse (Female Victim)		Spouse Abuse (Male Victim)		General Interspousal Dispute		Parent Abuse		Conflict Between Children of Same Family		General Parent/Child Dispute		Other		Total	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Homicide/death	–	—	–	—	–	—	–	—	–	—	–	—	1	(5.3)	–	—	1	(0.3)
Sexual abuse	37	(35.2)	1	(0.7)	–	—	–	—	–	—	–	—	–	—	1	(7.1)	39	(10.0)
Physical abuse	36	(34.3)	103	(69.1)	3	(100.0)	15	(16.7)	2	(100.0)	8	(89.9)	–	—	9	(64.3)	176	(45.0)
Threatened with assault/injury/personal harm	5	(4.8)	16	(10.7)	–	—	12	(13.3)	–	—	–	—	1	(5.3)	1	(7.1	35	(9.0)
Emotional/psychological abuse	6	(5.7)	28	(18.8)	–	—	40	(44.4)	–	—	1	(11.1)	5	(26.3)	1	(7.1)	81	(20.7)
Financial exploitation	–	—	–	—	–	—	5	(5.6)	–	—	–	—	–	—	–	—	15	(1.3)
Neglect	20	(19.0)	–	—	–	—	1	(1.1)	–	—	–	—	1	(5.3)	–	—	22	(5.6)
Breach of Court	1	(1.0)	1	(0.7)	–	—	3	(3.3)	–	—	–	—	–	—	–	—	5	(1.3)
Damage or theft	–	—	–	—	–	—	4	(4.4)	–	—	–	—	–	—	–	—	4	(1.0)
Unknown	–	—	–	—	–	—	2	(2.2)	–	—	–	—	–	—	–	—	2	(0.5)
Other	–	—	–	—	–	—	8	(8.9)	–	—	–	—	11	(57.9)	2	(14.3)	21	(5.4)
Total	105	(100)	149	(100)	3	(100)	90	(100)	2	(100)	9	(100)	19	(100)	14	(100)	391	(100)
	(26.9)		(38.1)		(0.8)		(23.0)		(0.5)		(2.3)		(4.9)		(3.6)		(100)	

Looking first at the totals going down, the table shows that of the 391 cases of reported violence, 45% were physical abuse, almost 21% were emotional or psychological abuse, 10% were sexual abuse followed closely with threats of injury at 9%, and close to 6% were cases of neglect; the remaining types of abuse were represented minimally.

Looking at the totals going across the bottom of the table, it is apparent the most common types of violence reported was spousal abuse (female victim) at over 38% and child abuse at nearly 27%. If general spousal abuse, where it is not clear which spouse was the victim and which was the offender, and spousal abuse (male spouse) were added to the figure for female spousal abuse, it would clearly show that most (61.9%) of the reported violence occurring in Whitecourt families is due to problems occurring in the husband-wife relationship. Looking within the table at spousal abuse (female), physical abuse was the main nature of the abuse in over 69% of the cases. In the cases of child abuse, sexual abuse was the most commonly reported violence (35.2%) followed very closely by physical abuse (34.3%). The figures serve to show that helping agencies should be prepared to deal with the results of the conflicts between couples and try to reduce the occurrence of inappropriate reactions to stress and personal difficulties, perhaps through more specific types of education and counselling for offenders as well as victims. The significant occurrence of child abuse, especially of a sexual and physical nature, indicates a need for agencies, especially schools, to be aware of its occurrence and to provide information, perhaps through visits by agency spokespeople, video presentations, etc., to the children to help them to understand that what has happened or is happening is not acceptable and where and how they can report it. An abuse hotline designed for use by adults and children and accessible to both might be maintained by a volunteer agency.

Table 8, in the main body, depicts the occurrence of drinking at the time of the incident, but, the figures do not discount situations where the offender and victim were both children or other cases in which alcohol might not have been a likely factor. Therefore, the actual percentage of alcohol involvement in adult cases of abuse is likely higher than the 25.0% reported for victims and the 41.4% reported for offenders. Because of the prominence of alcohol during times that violence occurs, there may be a need to provide counselling or information to both the offenders and the victims regarding the role that alcohol may be playing in their lives. Also, assistance may need to be provided on how to deal with stress and problems without the use of alcohol.

In an attempt to understand the circumstance that might have contributed to the situation of violence, the victims were asked to identify three events, from a list provided, that occurred prior to the incident. Not all respondents chose three events but a total of 234 responses were made (Table 37). Of those, "financial difficulties" was mentioned most frequently (16.2%) followed by "divorce/separation" (14.5%), "lack of family support" (13.7%) and "few outside contacts" (11.1%). Various other incidents were also mentioned including almost 18% not on the list. It should not be surprising that financial difficulties and divorce most often preceded acts of violence as these events can produce a high degree of anxiety especially if the person feels a need to be "in control" of the situation. However, helping agencies should note that the lack of family supports and few outside contacts reported here may be indicative of how a "family problem" can grow unnoticed by others. Families existing in isolation of their surrounding community, without relatives close at hand may be at risk of violence or the isolation may be intentional as a means to hide the violence. Therefore, lack of family and community supports may be a valid predictor of family violence.

Table 37
EVENTS WHICH POSSIBLY CONTRIBUTED TO FAMILY VIOLENCE*

	N	(%)
Financial difficulties	38	(16.2)
Divorce/separation	34	(14.5)
Lack of family support	32	(13.7)
Few outside contacts	26	(11.1)
Job pressures/problems	21	(9.0)
Child custody dispute	17	(7.3)
Unemployment	12	(5.1)
Relocation	9	(3.8)
Illness/injury in family	2	(0.9)
Eviction	1	(0.4)
Other	42	(17.9)

*Figures have been adjusted to exclude "unknown" and "missing" responses.

The victims were also asked to choose from a list three factors they felt might help to explain the behaviour pattern of the family. Of the 372 responses (Table 38), 28% felt the offender had emotional or behavioural problems, over 9% stated the offender lacked parenting skills and close to 8% felt they themselves had emotional or behavioural problems. The figures indicate a fairly wide range of behaviour preceding the reports of violence. Many of the behaviours of both parents, however, could be positively influenced by training in managing the family, finances, appropriate behavioural responses, coping with children and other related areas. The first and hardest step may be to ensure that the offender understands that his behaviour is inappropriate and/or his parenting skills are lacking and to convince him to get help for himself and his family.

Table 38
BEHAVIOUR WHICH POSSIBLY CONTRIBUTED TO FAMILY VIOLENCE*

	N	(%)
Offender	104	(28.0)
Offender lacks parenting skills	35	(9.4)
Victim has emotional/behavioural problems	28	(7.5)
Offender has a history of substance abuse	17	(4.6)
Offender is an adult victim of child abuse	14	(3.8)
Victim has a history of substance abuse	10	(2.7)
Victim has a mental handicap	9	(2.4)
Victim is an adult victim of child abuse	9	(2.4)
Cultural differences	6	(1.6)
Offender has a mental handicap	4	(1.1)
Offender has a physical illness/disability	3	(0.8)
Offender is an adult child of an alcoholic	3	(0.8)
Victim is an adult child of an alcoholic	2	(0.5)
Victim has a physical illness/disability	2	(0.5)
Other	126	(33.9)

*Figures have been adjusted to exclude "unknown" and "missing" responses.

3. Action Taken by Agencies

a. Social Services

The incidents of violence were brought to the attention of Whitecourt Social Services by many different sources (Table 39), however, the victim herself (29.9%) or a family member (28.0%) were most likely to have reported it. Once reported, over one-third of the victims (34.1%) stated that no action was taken to assist them. When action was taken, it was to provide Social Allowance (12.7%) or to facilitate a support agreement (10.3%). In essence, if Social Services takes action to assist a victim, it is to ensure she is secure financially (Table 40). The victims reported that Social Services main action toward the offender was to discuss the issue with them (32.8%) or to take no action at all (17.5%) (Table 41).

Table 39
SOURCE OF VIOLENCE REPORT TO SOCIAL SERVICES*

	N	(%)
Victim	32	(29.9)
Other family member	12	(11.2)
Mother	12	(11.2)
School	9	(8.4)
Father	6	(5.6)
Medical doctor	6	(5.6)
Offender	6	(5.6)
Police	5	(4.7)
Neighbour	4	(3.7)
Hospital	3	(2.8)
Friend	2	(1.9)
Mental Health	2	(1.9)
Social Services	1	(0.9)
F.C.S.S.	1	(0.9)
Womens Shelter	1	(0.9)
Anonymous	1	(0.9)
Other	4	(3.9)

*Figures have been adjusted to exclude "unknown" and "missing" responses.

Table 40
MAIN ACTION BY WHITECOURT SOCIAL SERVICES REGARDING THE VICTIM*

	N	(%)
No action taken	43	(34.1)
Social Allowance provided	16	(12.7)
Provided support to victim (support agreement)	13	(10.3)
Counselling provided	11	(8.7)
Referred to other outside agency	11	(8.7)
Informed victim of assistance available	9	(7.1)
Advised victim to lay charges	5	(4.0)
Still under investigation	4	(3.2)
Referred to other local agency	3	(2.4)
Advised victim to leave home	2	(1.6)
Other	9	(7.1)

*Figures have been adjusted to exclude "unknown" and "missing" responses.

Table 41
MAIN ACTION BY WHITECOURT SOCIAL SERVICES REGARDING THE OFFENDER*

	N	(%)
Discussed issue with offender	45	(32.8)
No action taken	24	(17.5)
Police involvement requested	21	(15.3)
Entered support agreement	15	(10.9)
Referred to other outside agency	10	(7.3)
Counselling provided	8	(5.8)
Still under investigation	4	(2.9)
Discussed issue with other agency	4	(2.9)
Referred to other local agency	3	(2.2)
Entered custody agreement	2	(1.5)
Other	1	(0.1)

*Figures have been adjusted to exclude "unknown" and "missing" responses.

b. R.C.M.P.

Over one-half (56.6%) of the cases of violence brought to the attention of the R.C.M.P. were reported by the victim. The rest of the cases were reported by a variety of sources, the most common being a neighbour (16.1%) (Table 42). Most often the R.C.M.P.'s response was to discuss the issue with the victim (42.0%). In almost 10% of the cases, however, the R.C.M.P. took no action or, in as many cases, acted as mediators in an attempt to cool down the situation.

Table 42
SOURCE OF VIOLENCE REPORT TO THE WHITECOURT R.C.M.P.*

	N	(%)
Victim	81	(56.6)
Neighbour	23	(16.1)
Other family member	12	(8.4)
Offender	6	(4.2)
Mother	4	(2.8)
Landlord	3	(2.1)
Social Services	3	(2.1)
Women's shelter	3	(2.1)
Friend	3	(2.1)
Health unit	2	(1.4)
Hospital	1	(0.7)
Police	1	(0.7)
Medical doctor	1	(0.7)

*Figures have been adjusted to exclude "unknown" and "missing" responses.

Almost 12% of the cases reported to the R.C.M.P. resulted in the victim of violence leaving the home, in addition to the nearly 2% of victims transported to the hospital (Table 43). In over one-fifth of the cases reported, the main action taken by the R.C.M.P. was to charge the offender with an offense (21.4%); in the same number of cases the R.C.M.P. chose to discuss the situation with the offender (Table 44). In just over 13% of the cases, however, no action at all was taken. Fifteen percent of the offenders were removed from the home, just slightly more than the victims (12%) who had to leave the home.

Table 43
MAIN ACTION BY THE WHITECOURT R.C.M.P. REGARDING THE VICTIM*

	N	(%)
Discussed issue with victim	76	(42.0)
No action taken	18	(9.9)
Mediated dispute/cooled down situation	18	(9.9)
Referred to other local agency	11	(6.1)
Advised victim to lay charges	10	(5.5)
Removed victim from home	9	(5.0)
Advised victim to leave home	7	(3.9)
Informed victim of assistance available	6	(3.3)
Victim left home on own accord	5	(2.8)
Statement taken	4	(2.2)
Referred to other outside agency	4	(2.2)
Transported victim to hospital	3	(1.7)
Still under investigation	2	(1.1)
Other	8	(4.4)

*Figures have been adjusted to exclude "unknown" and "missing" responses.

Table 44
MAIN ACTION BY THE WHITECOURT R.C.M.P. REGARDING THE OFFENDER*

	N	(%)
Charged offender	36	(21.4)
Discussed issue with offender	36	(21.4)
Removed offender from home	25	(14.9)
No action taken	22	(13.1)
Mediated dispute/cooled down situation	22	(13.1)
Advised offender to leave home	8	(4.8)
Discussed issue with other agency	5	(3.0)
Referred to other local agency	5	(3.0)
Referred to other outside agency	1	(0.6)
Still under investigation	1	(0.6)
Other	7	(4.2)

*Figures have been adjusted to exclude "unknown" and "missing" responses.

c. Wellspring Women's Association

As Wellspring is situated in Whitecourt, the information presented about it in the main body of the report is already Whitecourt-specific and, therefore, will not be repeated here. The following discussion is supplemental to that information.

If a victim of violence goes to a shelter or other helping agency on her own initiative, in other words without a referral from another agency, chances are she has not had the benefit of receiving the different services offered by other agencies such as Social Services, the R.C.M.P., mental health agencies or a medical doctor. Over one-half (54.8%) of the victims reported the occurrence of violence to Wellspring herself, and, in addition, another 12.5% were brought to the shelter by friends or relatives. These figures may represent the number of people who have not availed themselves of any or all of the applicable services that the community of Whitecourt has to offer. It is important that helping agencies be aware of services a victim may need, be able to show her how to access the services, or do it for her in some situations, and be able to inform the victim of what can be expected from each type of agency. As mentioned previously in the Comparison of Agencies section of the report, the type of service a person receives depends on which agency she goes to. Counselling should incorporate this information and victims of violence should be made aware that they may need to seek help from more than one agency, depending on what the current need may be.

B. Victim Survey

Due to concerns regarding confidentially and the statistically insignificant number of respondents to the Victim Survey, a breakdown for Whitecourt alone will not be presented. A short analysis of the eighteen respondents is presented in the main body of the report.

C. Key Agents Survey

Of the 35 key agents from Whitecourt responding to the survey, the majority were from the Health Unit and Family and Social Services (Table 45). Most of the key agents were between the ages of 25 and 34 years (Table 46) and had a college diploma or university degree (Table 47). Just over 29% of the agents had volunteer experience in the area of family violence prior to their current position; just over 13% had paid experience. Approximately 38% of the agents had only six months or less service in family violence including past experience as well as that garnered in their current agency. However almost one-half of the agents (47.0%) had more than 3 years experience (Table 48).

Table 45
AGENCIES REPRESENTED BY THE KEY AGENTS

	N	(%)
Health unit	10	(28.6)
Family & Social Services	9	(25.7)
Wellspring Women's Association	5	(14.3)
R.C.M.P.	4	(11.4)
F.C.S.S.	3	(8.6)
Probation	1	(2.9)
Town Council	1	(2.9)
Other	2	(5.7)

Table 46
AGE GROUP OF KEY AGENTS

	N	(%)
20 - 24 Years	1	(2.9)
25 - 29 years	9	(25.7)
30 - 34 years	11	(31.4)
35 - 39 years	3	(8.6)
40 - 49 years	7	(20.0)
50 - 59 years	3	(8.6)
60 and over	1	(2.9)

Table 47
EDUCATION LEVEL OF KEY AGENTS

	N	(%)
Grade 7 - 8	1	(2.9)
Grade 9	–	(–)
Grade 10 - 11	1	(2.9)
Grade 12	7	(20.0)
Some college	2	(5.7)
College diploma	12	(34.3)
Some university	–	(–)
University degree	12	(34.3)

Table 48
TOTAL YEARS OF EXPERIENCE IN FAMILY VIOLENCE

	N	(%)
0 - 6 months	13	(38.2)
7 months - 1 year	1	(2.9)
1 - 3 years	4	(11.8)
4 - 6 years	7	(20.6)
7 - 10 years	6	(17.6)
11 - 15 years	2	(5.9)
16 years and over	1	(2.9)

The agents were asked the number of hours of training they received in specific areas of violence from the agency in which they were currently employed. The majority stated they had received no training in any of the areas, especially elder abuse (78.8%) and dating violence (75.0%). Most of the training that did take place was in child abuse with almost 26% receiving at least seven hours, and spousal abuse with close to 24% also receiving at least seven hours. Those who were trained in substance abuse and suicide prevention generally received four to six hours of education; those trained in dating violence and elder abuse generally received one to three hours of training (Table 49). These statistics point, quite clearly, to where the gaps in training exist. For example, spousal abuse is the most common type of family violence in Whitecourt, however, it ranks second to child abuse in terms of the number of hours of training the agents have received. Consideration might be given to increasing the training time in that area and in elder abuse, which agents have received the least training in thus far.

Table 49
HOURS OF FAMILY VIOLENCE TRAINING RECEIVED BY KEY AGENTS IN THEIR CURRENT AGENCIES

	No Training	1 - 3 Hours	4 - 6 Hours	7 - 15 Hours	16 - 24 Hours	25 - 40 Hours	Over 40 Hours	Total	
	%	%	%	%	%	%	%	N	%
Spousal abuse	55.9	11.8	8.8	11.8	2.9	2.9	5.9	34	(100)
Child abuse	48.6	11.4	14.3	11.4	2.9	2.9	8.6	35	(100)
Elder abuse	78.8	15.2	–	6.1	–	–	–	33	(100)
Dating violence	75.0	18.8	–	3.1	3.1	–	–	32	(100)
Substance abuse in family violence	54.3	5.7	20.0	11.4	2.9	2.9	2.9	35	(100)
Suicide prevention in family violence	58.8	2.9	20.6	8.8	5.9	–	2.9	34	(100)
Other	90.9	–	–	4.5	4.5	–	–	22	(100)

The agents who received some training were asked to rate its usefulness to them (Table 50). The figures however, should be examined with the significant associated limitations in mind. The limitations are detailed in the main body of the report.

Table 50
USEFULNESS OF THE FAMILY VIOLENCE TRAINING RECEIVED BY KEY AGENTS IN THEIR CURRENT AGENCIES

	Not at all Useful	Somewhat/ Moderately Useful	Very/Extremely Useful	Total Respondents	
	%	%	%	N	%
Spousal abuse	26.3	31.6	42.1	19	(100)
Child abuse	21.7	43.5	34.8	23	(100)
Elder abuse	53.8	38.5	7.7	13	(100)
Dating violence	50.0	42.9	7.1	14	(100)
Substance abuse in family violence	28.6	38.1	33.3	21	(100)
Suicide prevention in family violence	31.6	36.8	31.6	19	(100)
Other	85.7	14.3	–	7	(100)

Of the thirteen agents who received some training in elder abuse over one-half considered it not at all useful. Similarily, one-half of the fourteen agents found the training on dating violence to be of no use, as well. Conversely, the majority of agents (42.1%) found the spousal abuse training to be very to extremely useful. Opinions regarding suicide prevention training were mixed; approximately one-third felt it was not useful; one-third found it somewhat useful; and one-third stated it was very useful. Table 50 serves as an indicator of where changes in training might be considered. However, the information collected does not indicate the type or parts of the training considered useful or where additions or deletions should be made.

A Whitecourt-specific breakdown of the remaining report was not possible due to lack of information. However, as most of the information presented in the report is based on Whitecourt data, it may be assumed that it is representative of that population.